Public Document Pack

10 May 2016

To: Ms K Burrell, Director
Dr M Davis, Director
Mr G Molyneux, Director
Ms M Whyham, Director
Mr E Jackson, Director

The above Directors are requested to attend the:

HEALTHWATCH BOARD MEETING

Tuesday, 17 May 2016 at 3.00 pm
at Empowerment Office, 333 Bispham Road, Blackpool, FY2 0HH

A G E N D A

1 DECLARATIONS OF INTEREST

2 MINUTES OF THE LAST BOARD MEETING HELD ON 24 MARCH 2016 (Pages 1 - 2)

To agree the minutes of the last Board meeting held on 24 March 2016 as a true and correct record.

3 MINUTES OF THE ANNUAL GENERAL MEETING HELD ON 24 MARCH 2016 (Pages 3 - 6)

To note the minutes of the Annual General meeting held on 24 March 2016.

4 HEALTH AND WELLBEING BOARD STRATEGY (Pages 7 - 40)

To inform Healthwatch Blackpool of the progress made to develop the draft Health and Wellbeing Strategy 2016/ 2019 to date and to request support in the consultation process by delivering an element of public engagement on the strategy.

5 ARTICLES OF ASSOCIATION (Pages 41 - 66)

The purpose of this report is to seek a recommendation to the Council in relation to the adoption of the articles of association.

6 APPOINTMENTS TO VARIOUS BODIES (Pages 67 - 74)

To consider appointments to the second Healthwatch position on the Health and Wellbeing Board and the attendance at meetings of the Blackpool CCG Governing Body and the Primary Care Commissioning Body.

7 BOARD EXPENSES (Pages 75 - 78)

To adopt an expenses policy for Healthwatch Blackpool Board Members.

8 PERFORMANCE REVIEW 2015/ 2016 AND BUSINESS PLAN 2016/ 2017 (Pages 79 - 102)

9 APPOINTMENT OF AUDITOR (Pages 103 - 104)

The purpose of this report is to consider the appointment of an external auditor of accounts.

10 OPERATIONAL LEADS' REPORT (Pages 105 - 136)

11 REGISTERED OFFICE AND SAIL ADDRESS (Pages 137 - 138)

The registered office for Healthwatch Blackpool is currently the Blackpool Council offices, Municipal Buildings, Blackpool. However, it is considered opportune to redesignate this.

12 ITEMS FOR NEXT BOARD MEETING

1. Lead Officer's report.
2. Finance/ Performance report.
3. Business Plan/ Strategy.
4. Protocol outlining the responsibilities of the Board of Directors and those of Empowerment
5. Report outlining the performance measures in Empowerment's contract and the Board's role in helping to achieve these.

13 PROPOSED DATES OF FUTURE BOARD MEETINGS

Proposed dates:

- Tuesday 12 July 2016
- Thursday 15 September 2016
- Tuesday 15 November 2016
- Annual General Meeting – December 2016 – To be confirmed.

Healthwatch Blackpool

Registered Office:
Municipal Buildings
Corporation Street
Blackpool
Lancashire, FY1 1GB

Company Number: 8584258

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MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS OF HEALTHWATCH BLACKPOOL HELD AT THE SALVATION ARMY CITADEL, RAIKES PARADE, BLACKPOOL ON THURSDAY 24 MARCH 2016 AT 13.37PM

Present: Ms K Burrell, non-Executive Director
Mr E Jackson, non-Executive Director
Ms J Rose, non-Executive Director (Chairman)
Ms M Whyham, non-Executive Director

In attendance: Ms D Conlon, Chief Executive Empowerment
Mr S Garner, Healthwatch Manager Designate, Empowerment
Mr M Towers, Company Secretary (Co Sec)
Miss Y Burnett, Company Secretary Support.

		Action
1.	**Confirmation of Annual Report 2014/ 2015** It was reported that procedural matters and the external auditors appointment would be discussed in detail at the next Board meeting. **The Board agreed:** To approve the Annual Report 2014/ 2015.	
2.	**Agreement of Annual Accounts** **The Board agreed:** To approve the Annual Accounts for the year ending 31 March 2015, as submitted.	
3.	**Retiring Chairman** Mr Towers on behalf of Healthwatch Blackpool thanked Mrs Rose for her dedication and commitment over the years particularly during the transitional period when she had provided a consistent presence. He also acknowledged Ms Claire Powell's (former Service Manager) for her commitment to the Board and her leadership in the transitional period. Mrs Rose offered to continue to support the Board and its new Members.	
4.	**Appointment of New Chairman** Mr Towers reported that that under the transition to the new Healthwatch Board, the agreement between the Council's commissioning team and Empowerment was that there would be a recruitment panel to appoint Board members, it was also tasked with recommending the appointment of the Chairman. It was proposed that Mrs Mary Whyham be appointed as the new Chairman of the Healthwatch Board.	

		Action
	It was reported that the Health and Wellbeing Board on which the Healthwatch Board had two representatives, was due to meet prior to the next Board meeting. It was noted that the Chairman would take one of the representative positions and it was suggested that the other position be on rotation giving each Board member an opportunity to attend. However, Mr Towers advised that it was a formal decision making body and therefore required a permanent appointment. It was agreed that the appointment of the second representative would be deferred until the next Board meeting. **The Board agreed:** 1. To appoint Mrs Mary Whyham as the Chairman of the Healthwatch Board. 2. To consider making an appointment to the second position on the Health and Wellbeing Board at the next meeting, together with any other representative positions.	
5.	**Any other Business** In response to a question, it was acknowledged that due to the transitional period, different people had been involved in the preparation of the Annual report and the information was historic. It was reported that Mr Garner was in the process of capturing information for the period April 2015 to present for the next Annual report.	

The meeting ended at 1.47pm

Signed by the Chairman

…….

Mrs M Whyham, 17 May 2016

MINUTES OF THE ANNUAL GENERAL MEETING OF
HEALTHWATCH BLACKPOOL
HELD AT THE SALVATION ARMY CITADEL, RAIKES PARADE, BLACKPOOL
ON THURSDAY 24 MARCH 2016 AT 1.00PM

Present: Ms K Burrell, non-Executive Director
Mr E Jackson, non-Executive Director
Ms J Rose, non- Executive Director (Chairman)
Ms M Whyham, non-Executive Director

In attendance: Ms D Conlon, Chief Executive Empowerment
Mr S Garner, Healthwatch Manager Designate, Empowerment
Mr M Towers, Company Secretary (Co Sec)
Miss Y Burnett, Company Secretary Support.

		Action
1.	**Chairman welcome and apologies for absence** The Chairman, Mrs Rose welcomed everyone to the first Annual General Meeting since Empowerment took over the operations lead for Healthwatch in April 2015. Apologies for absence were received from Independent Directors Dr Davis and Mr Molyneux.	
2.	**Minutes of the Annual General Meeting held on 19 December 2014** The meeting agreed to note the minutes of the Annual General Meeting held on 19 December 2014.	
3.	**Presentation of the Annual Report 2014/ 2015** The Chairman presented the Annual Report and acknowledged the contribution from Empowerment in producing the report retrospectively. She highlighted the strategic priorities and highlighted that two successful events had been held, the Joint Strategic Needs Assessment (JSNA) event held jointly with the Blackpool, Fylde and Wyre's Council for Voluntary Services and the End of Life team who were setting priorities for the next five years. Healthwatch Blackpool had sought to increase the awareness of information, advice and signposting available for its participants and in response had developed a database for use by the public. Mrs Rose reported that the collaborative arrangements were being developed with the patient participation group and patients networks to encourage engagement and address concerns including social isolation, dementia, cancer, diet and nutrition and transport. The meeting was advised that Healthwatch Blackpool had engaged with older people (over 65) and young people (under 21), disadvantaged, vulnerable and hard to reach groups. Mrs Rose acknowledged that the relationship with young	

		Action
	people and the organisation required further development. Mrs Rose explained that 39 "Enter and Views" of care homes had been undertaken in Blackpool and the findings of Healthwatch Blackpool had been submitted to the Clinical Commissioning Group (CCG). It was reported that the organisation had representation on two key strategic Bodies, the Health and Wellbeing Board and the CCG Governing Body ensuring that the views, needs and experiences of local people were acknowledged and reflected in strategic decision making. The Chairman reported that following the change in operations lead in April 2015 there had been a period of uncertainty and instability, but with the commitment and dedication from the Empowerment team, which Mrs Rose accredited to Ms Claire Powell (former Services Manager) leadership, she was of the opinion that the organisation would continue to grow from strength to strength. The meeting agreed to receive the Annual Report 2014/ 2015.	
4.	**Presentation of the Annual Accounts for the Year Ending 31 March 2015** Mr Towers, Company Secretary, reported that apologies had been received from Mr Alistair Miller of , John Potter and Harrison Chartered Accountants. However, he had given assurance, as the independent reviewer, that there was no cause for concern or issues with the Director's report and financial statement. Mr Towers added that due to the change in operations lead, the accounting period had been reduced to a nine-month period up to 31 March 2015. The meeting agreed to receive the Annual Accounts for the year ending 31 March 2015.	
5.	**Introduction to the new Independent Board Directors** Mr Towers advised the meeting that part of the arrangements with Empowerment was the establishment of a recruitment panel to identify Board members that would support the strategic operation of Healthwatch Blackpool. He confirmed that five Board members had been appointed, Mrs Mary Whyham, Mr Eddy Jackson, Miss Katie Burrell, Dr Mike Davis and Mr Greg Molyneux and those members that were present made themselves known to the meeting. The meeting was informed that Mrs Rose had indicated her intention to resign from the position of Chairman, which she had held for over 18 months and from the Board. On behalf of Healthwatch Blackpool, Mr Towers thanked Mrs Rose for her dedication and commitment over the years particularly during the transitional period when she had provided a consistent presence.	

		Action
	Mr Towers reported that the first Board meeting would be held on the rising of the Annual General Meeting to formally agree the Annual Report and the Accounts and the new arrangements would take effect from 1 April 2016.	
6.	**Opportunity for Questions** There were no questions from the floor for the Healthwatch Blackpool Board Members.	

The meeting ended at 1.30pm

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Report to:	**HEALTHWATCH BLACKPOOL**
Relevant Officer:	Scott Butterfield, Corporate Development and Research Manager, Blackpool Council
Date of Meeting	17 May 2016

DRAFT HEALTH AND WELLBEING STRATEGY

1.0 Purpose of the report:

1.1 To inform Healthwatch Blackpool of the progress made to develop the draft Health and Wellbeing Strategy 2016/ 2019 to date and to request support in the consultation process by delivering an element of public engagement on the strategy.

2.0 Recommendation(s):

The Board is requested to:

2.1 Note the progress made to date and comment on the draft document.

2.2 Contribute towards shaping any gaps identified.

2.3 Suggest key actions for the future.

2.4 Agree to support the delivery of public consultation on the strategic priorities and key actions.

3.0 Reasons for recommendation(s):

3.1 As part of their statutory duties, Health and Wellbeing Boards are required to produce a strategy setting out their priorities for reducing health inequalities in the local area based on data from the Joint Strategic Needs Assessment.

The Health and Social Care Act 2012 also states that 'in preparing a strategy … the responsible local authority and each of its partner clinical commissioning groups must—

(a) involve the Local Healthwatch organisation for the area of the responsible local authority, and
(b) involve the people who live or work in that area.'

5.0 Background Information

5.1 The current Health and Wellbeing Strategy expired at the end of 2015; it had been agreed that a new strategy would be produced based on four new priorities that the Health and Wellbeing Board had agreed previously, and taking into consideration wider local and national policy developments that are currently unfolding.

5.2 Various stakeholders have been involved in the strategy's development including members of the Strategic Commissioning Group, the Public Health department and the Council's Head of Housing.

5.3 Health and Wellbeing Board members had an opportunity to share their views on the strategy at their meeting on 20 April. They noted:

- The importance of describing and developing links to addressing Blackpool's economy;
- The need to reference the importance of quality healthcare;
- The importance of not pitching the strategy at too high a level, ensuring that the action plan is one that the Board can own and monitor;
- To be realistic about the impact we can make on areas subject to significant funding reductions;
- The need to be clear about the plan for the third sector, so that they could adapt and develop an appropriate response;
- The need for community development work in order to build resilience;
- The important role that the strategy should play in shaping partner organisations' priorities and strategies;

- In addition, the board requested that a short duration task and finish group is arranged to pull together work currently underway to address the Social Isolation/Community Resilience priority. This will consider how initiatives such as Vanguard will help to build capacity and consequently address this priority.

5.4 **Next steps**

Further consultation is planned with stakeholders, including public and third sector service providers and members of the public, and we would like to work with Healthwatch Blackpool to agree an appropriate mechanism for consulting with members of the public on the strategic priorities and actions described in the strategy prior to its final approval.

5.5 The strategy is likely to be brought before the July Health and Wellbeing Board for final signoff. This is slightly later than anticipated, but reflects the additional work identified by the Health and Wellbeing Board to articulate the work outlined above.

List of Appendices:

Appendix 4(a) - Draft Health and Wellbeing Strategy 2016/ 2019

6.0 Legal considerations:

6.1 There is a statutory requirement for Health and Wellbeing Boards to produce a strategy as part of the Health and Social Care Act 2012.

7.0 Human Resources considerations:

7.1 None

8.0 Equalities considerations:

8.1 An Equality Impact Assessment will be carried out; however, the purpose of the strategy is to set out a plan to reduce health inequalities in Blackpool therefore it is not expected that any specific groups will be negatively impacted by the strategy.

9.0 Financial considerations:

9.1 None

10.0 Risk management considerations:

10.1 None

11.0 Ethical considerations:

11.1 None

12.0 Internal/ External Consultation undertaken:

12.1 This is referred to in the main report.

13.0 Background papers:

13.1 None

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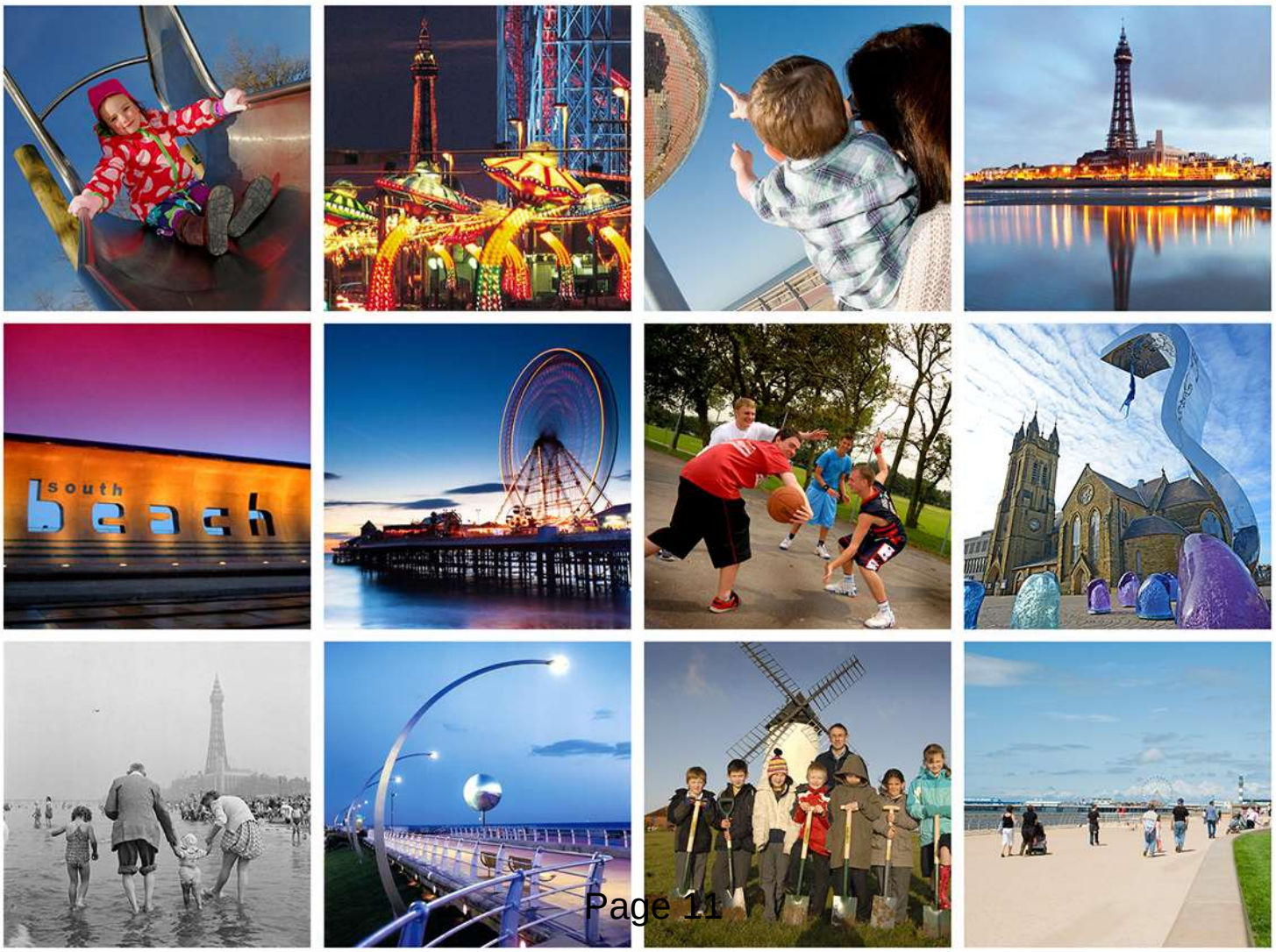
Health and Wellbeing Strategy 2016 – 2019

Blackpool Council



Health and Wellbeing Strategy for Blackpool

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Health and Wellbeing Strategy for Blackpool

Foreword

Intro from Cllr Cain

Executive Summary

Our vision

Our vision for Blackpool is bold and ambitious:

"Together we will make Blackpool a place where ALL people can live, long, happy and healthy lives"

Our priorities

Evidence related to health outcomes in Blackpool suggests that there are a number of drivers we need to address in order to achieve our vision:

1. **Stabilising the Housing Market**

   Improve the quality, mix, and management of private rented homes through Blackpool Housing Company and other initiatives such as Selective Licensing. Create higher quality new homes at Queen's Park and Foxhall Village.

2. **Substance misuse (alcohol, drugs and tobacco)**

   Address lifestyle issues by supporting policy intervention and education programmes, and deliver the Horizon treatment service to support people with recovery.

3. **Social Isolation/ Community Resilience**

   Address social isolation for all ages and build community resilience.

HOW WILL THIS HAPPEN?

In addition to the above, the board recognises the importance of taking preventative action at the earliest possible time, and addressing the health needs of the youngest, so we have therefore identified an additional priority.

4. **Early Intervention**

   Encourage more upstream intervention at the earliest stage of life and throughout the formative years through programmes such as Better Start and HeadStart; and also by implementing Blackpool's Healthy Weight Strategy.

Picture

Health and Wellbeing Strategy for Blackpool

Introduction

Blackpool is a British institution, and a global phenomenon – the world's first mass market seaside resort, with a proud heritage stretching back over 150 years. More than two thirds of Britons have visited Blackpool, and with 17 million visits per year it is still one of the most popular tourist destinations in the country.

But being the biggest and brightest is not without challenges and Blackpool suffers from complex and intertwined economic, social and health issues which are extremely difficult to remedy.

As Blackpool's Health and Wellbeing Board we are committed to building a thriving, prosperous and beautiful Blackpool with strong and healthy communities, reducing the health inequalities that are clearly evident within Blackpool, and closing the health and wellbeing gap with the rest of the country. It is our duty to bring together local institutions and residents to work together and effect the changes that are desperately needed.

This strategy articulates the Board's vision and priority areas that contribute to the overarching vision for Blackpool:

The UK's number one family resort with a thriving economy that supports a happy and healthy community who are proud of this unique town

And the two priorities which support this:

- **The Economy**: Maximising growth and opportunity across Blackpool; and
- **Communities:** Creating stronger communities and increasing resilience.

Health and Wellbeing in Blackpool

Our Joint Strategic Needs Assessment is constantly being developed to provide detailed evidence which shapes our strategic approach.

Blackpool experiences significant levels of disadvantage; the 2015 IMD ranks Blackpool as the most deprived local authority area in the country based on a number of indicators including health, income, employment, and education and skills. Analysis indicates that the health domain, particularly the level of acute morbidity, is one of the prime drivers behind our decline in the rankings.

It is well documented that Blackpool has some of the most challenging health needs in the country, which places extreme demand on public services.

Life expectancy for men remains the lowest in the country at 74.3 years, and while it is increasing, it is doing so at a slower rate than the rest of the country. For women the picture is only slightly better at 80.1 years although this is also lower than the rest of the country by three years. Even within Blackpool there are large variations in life expectancy, demonstrating the inequalities that exist within the town; this ranges from 71.6 years in the

most deprived ward, Bloomfield, to 80.4 years in Highfield - a difference of over 9 years.

A major driver of poor health in our most deprived wards is poor housing. In the inner areas half of homes are privately rented, with around 89% of rents funded by Housing Benefit. A large proportion of the housing supply in inner Blackpool is characterised by former guest houses that have been converted into houses of multiple occupation (HMO's). This creates a concentration of low-income vulnerable households and results in high levels of transience, and problems of crime, anti-social behaviour, and worklessness.

Blackpool also has lower healthy life expectancy caused by circulatory, digestive and respiratory disease; these are often attributable to lifestyle factors such as smoking and alcohol and substance misuse.

Smoking is the single most important influence on death rates and is a major factor in ill health, including for Blackpool babies – smoking in pregnancy rates are the highest in the country at 28% compared to 12% nationally.

Meanwhile, we also have some of the highest levels of alcohol related harm in the country; this not only directly contributes to health effects such as premature death and chronic liver disease but also carries other consequences such as disorder and violence. There are an estimated 40,000 Blackpool residents who drink at hazardous or harmful levels, equating to 28% of the adult population.

In terms of drug use there are an estimated 1950 opiate and crack users in Blackpool, aged between 15 and 65 years, with an estimated 950 injecting users. The rates of substance misuse are significantly higher than the North West average and more than double the national rate. Two-thirds of users are in the 35 plus age range. Nationally and locally since 2013 the overall rate of people exiting treatment successfully has slowed, this is likely to be a result of those now in treatment having more entrenched drug use and long-standing complex problems.

Addiction is common in people with mental health problems. But although substance abuse and mental health disorders like depression and anxiety are closely linked, one does not directly cause the other. Roughly 50 percent of individuals with severe mental disorders are affected by substance abuse.

As well as poor physical health, Blackpool has the fifth highest rate for all mental health conditions in the country. Mental health problems are among the most common forms of ill health. They can affect people at any point in their lives. Mental health and physical health are inextricably linked. Poor physical health may increase the likelihood of developing poor mental health, and poor mental health may increase risks of developing, or not recovering, from physical health problems.

The association between income poverty and poor mental and/or physical health is well established; the average earnings for those in work in Blackpool is lower than any other local authority in England. Also a smaller proportion of the Blackpool labour market are economically active compared to England, and a high proportion of those inactive are long term sick. In Blackpool, 52% of ESA claimants have a mental health disorder (compared to 46% nationally), and although statistics are not available for JSA customers, JCP surveys suggest a very similar picture.

The challenges for children and young people

For young people growing up in Blackpool, life can be difficult. 28.1% live in low income families, which is the 12th highest in England. All wards in Blackpool have some children living in poverty; however Bloomfield, Claremont, Brunswick and Park wards each have child poverty rates of over 40%.

The lifestyles of parents, in particularly drinking and smoking are shown to have a substantial impact on the development of the foetus and subsequent health of the child. As mentioned earlier 28% of mothers in Blackpool continue to smoke when their babies are born (twice the national level and the highest proportion in England). Around forty four per cent of mothers choose not to try breastfeeding. Among those that do try, only half persist after six to eight weeks.

Unsurprisingly, given these levels of disadvantage, child development outcomes are poor. One in twenty children aged six months to five years has poor speaking or listening skills and results across the Early Years Foundation Stage profile compare poorly against the national average. Following early years, school years and adolescence are areas where other potential health issues are evident.

In terms of children's health the picture in Blackpool is a major concern. Data for 2014/15 shows that 26% of Reception children are overweight and 10% of these are obese, whilst in year 6 the figure increases to 37% overweight with 22% obese; again these figures are higher than the national average. High levels of sugar consumption are widely recognised as a key driver of obesity levels, however it also contributes to poor levels of dental health in children; Blackpool is seeing high numbers of admissions to hospital for tooth extraction under general anaesthetic.

Blackpool has higher than regional and national average teenage pregnancy rates; in 2013, approximately 42 girls aged less than 18 years conceived for every 1,000 females aged 15-17 years. This is a complex issue closely linked to deprivation and low aspirations.

Large numbers of children and young people are exposed to parental problems of mental illness, drug and alcohol abuse and domestic abuse; Women's risk of suffering domestic abuse, for

example, is estimated to be nearly four times the national average.

Whilst the exact number of children affected by parents misusing drugs is unknown. It is reasonably estimated from national data that there are potentially 1500-2500 children affected by parents using opiate and/or crack cocaine; this is expected to be much higher than the national average, and will no doubt have an adverse impact on the child's wellbeing.

The ways in which young people in Blackpool deal with their circumstances can also be the very things we want them to avoid; 15% of older school pupils say they had drunk alcohol in the previous week, and the rate of admissions to hospital amongst our 15-24 year olds for both alcohol and substance misuse is the highest in England and more than double the national average.

There is a growing weight of evidence to suggest a high prevalence of mental health need in our children and as outlined in earlier evidence, Blackpool has a higher presence of some of the key risk factors known to increase the likelihood of children developing a mental health disorder such as substance misuse in pregnancy, poor maternal mental health, poor parenting skills, and child abuse. In addition, Blackpool also has a substantial local population at risk of developing mental health disorders across several of the vulnerable groups; looked after children, young offenders and pupils with special educational needs are especially prevalent. Over half of mental health problems in adult life (excluding dementia) start by the age of 14 and seventy-five per cent by age 18.

Self-harm can occur at any age but is most common in adolescence and young adulthood (10 – 16 years). Females are more likely to self-harm than males, and our rate of self-harm admissions for the same age group is almost triple the national figure, at 917.8 per 100,000. 175 10-16 year olds living in the Blackpool Clinical Commissioning Group area were admitted to hospital because they'd self-harmed or self-poisoned in 2014-15 – just some of the 13% of young people aged 15 or 16 who tell us that they have self-harmed.

All of the factors described above demonstrate the importance of a system-wide approach to prevention and early intervention that acts to promote good health and wellbeing and addresses emerging health issues promptly and in a coherent, joined up way in order to prevent the escalation of poor childhood health outcomes into adolescence and adulthood, and to drastically reduce demand for costly interventions at a later stage.

Assets

Need to add a paragraph here about our assets

The challenges ahead

Given this context, and as public sector organisations face unprecedented budget cuts and the NHS is forced to make considerable efficiency savings it is now more crucial than ever for partners in health, local authority, police, fire and rescue services and the voluntary and community sector to work together to bring about the systems transformation needed to reverse these downward trends and deliver sustainable and long term changes.

We need a major shift in how we deliver health and social care and wider public services, moving away from traditional models of care based on acute services towards more preventative methods which promote self-care and are co-ordinated around the needs of individuals. The Health and Wellbeing Board has a central role to play in co-ordinating and driving this shift at a local level.

While Blackpool has been hit significantly harder by the scale of cuts to services, many other areas also face similar challenges, and this is a driver for reorganisation in many places. As part of central government's devolution agenda, Blackpool is currently in the process of forming a Combined Authority with Lancashire County Council, Blackburn with Darwen Council and the district authorities within Lancashire. Once established, the Combined Authority can negotiate a devolution deal with government which can bring new powers and potentially new resources to the area.

There are five themes of the Combined Authorities' work: economic regeneration, digital and transport connectivity, skills, housing and integrated public services. The latter of these includes health, recognising that population-level health improvement can be achieved in part by re-shaping the healthcare and prevention delivery system.

Healthier Lancashire

Alongside this there is a major programme in place to transform the way that health and social care is delivered across Lancashire through the Healthier Lancashire programme.

The programme was initiated by NHS England in 2013 to respond to the challenges identified in improving poor health outcomes on a Lancashire-wide scale, whilst ensuring that health and care services are sustainable in the long term.

In November 2015 a report commissioned by the Healthier Lancashire organisations outlined the potential resource gap and its drivers, as well as providing six areas of focus where collaboration in considering new service models would potentially help reduce the gap. A commitment to establish a shared programme was given and a Programme Board established to provide leadership and set up governance arrangements.

To ensure that the programme is delivered effectively, governance structures are being reconfigured to reflect the larger geographical footprints of the Local Health and Care Economies (LHCE), which for Blackpool includes neighbouring districts Fylde and Wyre. A pan-Lancashire Health and Wellbeing Board will be established to ensure that all partners are represented in the decision making process.

To mirror the LHCE arrangements, a Fylde Coast Health and Wellbeing Partnership is being considered. This board will be a key link between CCG's and local authorities and other public sector organisations and will be central to the decision making process for Healthier Lancashire. (Some content is subject to change depending on future developments)

National NHS Planning Guidance published in December 2015 set out plans to deliver the Five Year Forward View through the development of NHS Sustainability and Transformation Plans to be submitted by July 2016. These are collaborations between health commissioners, providers and local authorities and are central to accessing transformation funding for local areas to deliver efficiencies in the system. The focus of the plans is on three areas:

- Closing the health and wellbeing gap
- Driving transformation to close the care and quality gap and;
- Closing the finance and efficiency gap

More info needed re what the STP will do

Fylde Coast Vanguard – new models of care

A central element to the transformation of health and care services across the Fylde Coast is the Vanguard new models of care programme. The programme cuts across the Board's priorities and will change the way health services are delivered.

The new care models, Extensivist and Enhanced Primary Care are designed to ensure that health and social care services for the people of the Fylde Coast are integrated to provide better care outside of hospital, and that parity of esteem is achieved between physical and mental health needs. The models bring health, social and third sector services together based within neighbourhoods with a focus on prevention, early intervention, shared decision making and self-care.

Extensive care is focused initially on patients over 60 years of age with two or more long term conditions, enhanced primary care is focused on patients with one or more long term conditions; The models provide pro-active and co-ordinated care wrapped around the patient, and are fundamentally oriented toward supporting patients so they have the confidence and knowledge to manage their own conditions.

One of the key components is clear patient accountability; decisions are made by the patient with the support of the lead professional and their care team, which includes the new role 'health and wellbeing support worker'. The care team has holistic responsibility for the

patient's care, acting as a co-ordinating point across the local health and care system.

It is anticipated that these models will significantly improve the patient experience, with patients being empowered to manage their own health and having an increased sense of wellbeing as a result. There will be fewer unnecessary outpatient consultants and investigations, fewer planned and unplanned hospital admissions and better use of technology.

Ultimately, the Fylde Coast Vanguard is aspiring to devolve local resources to local providers where possible, ensuring that services are truly integrated, and health and social care outcomes for the Fylde Coast population are further improved.

Due North Inquiry

In 2015, the Due North Report of the Inquiry on Health Equity in the North was published. The report was commissioned by Public Health England to examine health inequalities in the North of England.

The report identifies that there is a clear 'North-South divide' in England when it comes to health. Since 1965, there have been 1.5 million excess premature deaths in the North compared to the rest of the country due to poorer health. A baby boy born in Blackpool today will live eight fewer years than a child born today in Kensington and Chelsea. These health inequalities are not fair, just or inevitable and can be avoided through appropriate action.

Due North makes a number of recommendations for local areas to take forward; many of these broadly align with the board's priorities and have informed the thinking behind this strategy. We have developed an action plan, which maps our activity and progress against the Due North recommendations in more depth; this can be found at appendix xx.

The recommendations are summarised below:

1. Tackle poverty and inequality

Tackling poverty and inequality is a theme running across all of our health and wellbeing priorities. Due North suggests that one of the consequences of the uneven economic development in the UK has been higher unemployment, lower incomes, adverse working conditions, poorer housing, and higher debts in the North, all of which adversely impact health and increase health inequalities.

The adverse impact of unemployment on health is well established. Studies have consistently shown that unemployment increases the chances of poor health. The negative health experiences of unemployment also extend to families and the wider community.

High levels of chronic illness in the North, and particularly in Blackpool, contribute to lower levels of employment, 12.8 per cent of Blackpool's working age population claim ESA or Incapacity Benefit; this is more than double the national average.

The report highlights the inverse relationship between income and health, and how increases in poverty are associated with a greater risk of physical and mental health problems. The burden of local authority cuts and welfare reforms has fallen more heavily on the North than the South. Research by Sheffield Hallam University on the impact of all of the recent welfare reforms has shown that Blackpool has been the hardest hit of all the local authorities, with a loss of £914 for every working age adult.

The Blackpool, Fylde and Wyre Economic Development Company's 'Framework for Inclusive Growth and Prosperity' describes its key objective 'to deliver **inclusive economic growth and prosperity,** and in doing this, close

our performance gap with national averages and **drive improvement in the quality of life and health of our people and businesses, now and into the future.'**

To achieve this objective we need to support and enable people who have health problems to return to work and maintain employment, we are beginning to develop initiatives in this area and are one of four areas piloting a new programme of integrated employment coaching and health therapies to improve the work and health outcomes of jobseekers assessed as having common mental health disorders.

This work is based on evidence in relation to health trainers/ health coaching and social prescribing models to improve the health and wellbeing of the population and reduce reliance on health care services. The HealthWorks hub will be easily accessible and will offer drop-in self-referral activities for health and employment information, self-care advice, support and access to services as well as referrals from professionals and partner agencies.

The hub has been jointly commissioned by the Council, DWP and Blackpool CCG to provide a lifestyle management service across Blackpool and will also closely link to the Vanguard programme described earlier.

2. Promote healthy development in early childhood

There is a large amount of evidence that children who experience disadvantage during their early years are more likely to have poorer health and development outcomes in later life. The Marmot review of health inequalities states that "Disadvantage starts before birth and accumulates throughout life. Action to reduce health inequalities must start before birth and be followed through the life of the child. Only then can the close links between early disadvantage and poor outcomes throughout life be broken".

The previous section describes some of the current challenges faced by children and young people living in Blackpool. Our systems transformation programme 'A Better Start' is aimed at giving every child the best start in life working with families in pregnancy and with children up to three in Blackpool's most deprived wards. A Better Start means to break the intergenerational cycles of poor outcomes in our children and families. It uses the latest research and evidence to ensure families experience a healthy gestation and birth and children are ready for school. The three key outcome areas are improving Language and Communication, Social and Emotional Development and Diet and Nutrition.

Interventions focus on reducing the key risk factors affecting parenting, for example drugs and alcohol, mental ill-health, relationship

conflict and domestic abuse, and social isolation; and empowering parents and communities to make positive changes, promoting good parenting, healthy parent-child relationships, self-efficacy and social cohesion.

Since September 2015, parents in the seven Better Start wards have had an evidence based universal, antenatal offer which includes targeted support through Family Nurse Partnership to support new mothers under 20 years and Baby Steps for all parents over 20 years. To date 308 parents to be have been offered Baby Steps through the midwives at their first appointment. The Baby Steps team is made up of health visitors, family engagement workers, midwives and star buddies working in partnership through the Children's Centres.

3. Sharing power over resources

Due North advocates greater devolution of power and resources so that the North can develop tailor-made solutions to its problems, whilst at the same time making efforts to increase public participation in deciding how resources are used and decisions made.

The report also identifies three ways in which the lack of influence and democratic engagement impacts on health and health inequalities:

1. The very act of getting together; getting involved and influencing decisions builds social capital leading to health benefits
2. Stress is reduced if people can influence and feel in control of their living environment
3. Those who have less influence are less able to affect the use of public resources to improve their health and wellbeing.

In Blackpool, as elsewhere, there are lower levels of political engagement in the more deprived areas. At the last election for example, in Bloomfield ward voter turnout was 26.5% compared to 48% of registered voters in Norbreck.

To increase levels of participation and engagement Blackpool has an ambition to create a culture of asset based community development (ABCD), which will permeate throughout Blackpool engaging both organisations and communities in creating a social movement of healthier, more connected and more resilient communities.

4. Role of the health sector in promoting health equity

Whilst life expectancy has increased in recent years and mortality reduced, it is estimated that less than a quarter of this is due to health care and the rest is due to improvements in other social determinants and preventative measures; the North still experiences higher rates of mortality amenable to health care than the rest of England.

The Due North report also found that, following the move of Public Health to Local Authorities, the NHS and the new Clinical Commissioning Groups are focusing more on reducing the demand on services by managing frequent users of services rather than the social factors that cause the high demand in the first place. An approach that is not sustainable.

The health sector can still play an important role in reducing health inequalities by:

1. providing equitable, high-quality health care;

2. directly influencing the social determinants of health through procurement, and as an employer; and

3. being a champion and facilitator who influences other sectors.

Blackpool's Health and Wellbeing Board

Health and Wellbeing Boards are an important feature of the Health and Social Care Act 2012. Blackpool's Health and Wellbeing Board was established in 'shadow form' in December 2011 and became a formal statutory committee of the council in May 2013.

The Board's membership builds on strong pre-existing partnerships between the NHS, Council and other public, voluntary sector and statutory partners (a full list of members is included at appendix B).

Its responsibilities include oversight of the implementation of a number of important national and local policy agendas for example; the Care Act, the NHS Five Year Forward View, the Children and Families Act, and Future in Mind.

Our vision

Our vision for Blackpool is bold and ambitious:

"Together we will make Blackpool a place where ALL people can live, long, happy and healthy lives"

Our priorities

Evidence suggests that from a health perspective, addressing the following drivers is key to achieving the vision:

1. **Stabilising the Housing Market** – Reduce the availability of Houses of Multiple Occupation (HMO's) via the Blackpool Housing Company and other initiatives such as Selective Licensing to improve standards in the private rented sector. Create higher quality housing and mix of tenure by redeveloping Queen's Park and developing new housing at Foxhall Village.
2. **Substance misuse (alcohol, drugs and tobacco)** – Address lifestyle issues by supporting education programmes and policy intervention.
3. **Social Isolation/ Community Resilience** – Address social isolation for all ages and build community resilience.

In addition to the above, the board recognises the importance of taking preventative action at the earliest possible time, and addressing the health needs of the youngest, so we have therefore identified an additional priority.

4. **Early Intervention** – Encourage more upstream intervention at the earliest stage of life and throughout the formative years through programmes such as Better Start and HeadStart; and also by implementing Blackpool's Healthy Weight Strategy.

1. Housing

The link between poor health and poor housing has long been established; research shows that inadequate housing causes or contributes to many preventable diseases and injuries, including respiratory, nervous system and cardiovascular diseases and cancer. Poor housing also negatively impacts on an individual's physical and mental wellbeing and on children's ability to perform well at school, and is estimated to cost the NHS at least £600 million per year.

Blackpool experiences among the lowest rates of life expectancy in the country and this is largely concentrated in the inner areas where private rented housing is most prevalent – 50% of all households in the inner area live in a privately rented home, equivalent to 6,887 households.

Many of these are former traditional guest houses that have been converted in poor quality privately rented flats or houses in multiple occupation. Poor quality housing is generally only accessed by households who are unable to access better housing choices, and there is continuing demand from people attracted to the town from deprived urban areas in other parts of the UK. This means that many people moving into the area have no real association with the community and are likely to quickly move on again.

Over 80% of homes in the private rented sector are rented to people receiving Housing Benefit, compared with around 30% nationally.

Analysis of new Housing Benefit claimants has shown that 85% of new claimants come from outside the borough – around 4,500 households each year – and that 70% of these move into rented accommodation in the inner wards.

This transient dynamic leads to intense concentrations of deprivation and an environment that fosters poor health and a lack of opportunity for residents. Low life expectancy and mental health problems in these areas are amongst the worst in the country. The poor environment and endemic social problems in the inner town also have a serious negative effect on tourism.

There are financial incentives for property owners to use former guesthouses as rented accommodation, because of the high yields associated with letting rented property to Housing Benefit claimants in Blackpool. The returns are greatest for small flats and where investment in the quality of accommodation is minimized.

Not only does this economic model deliver unstable communities constantly seeing a change of population, it also exerts a massive strain on public services as new residents drawn to the ready supply of accessible accommodation bring with them a range of embedded and enduring problems that get referred to public services already under strain.

Intervening in the housing market to change the current dynamic is essential if the efforts of public services to improve the life chances of residents and to transform our deprived inner areas into thriving neighbourhoods are to be successful. There are a number of important areas where we need to focus our efforts:

Firstly, it is essential that we tackle the failing housing market in parts of the town by promoting change in the housing stock and inner neighbourhoods, and reducing transience and concentrations of severe deprivation over the long term.

The Blackpool Housing Company has been established to begin the transformation of the private rented sector. The Company acquires properties that need improvement, converts and refurbishes them to a high standard and lets them at market rents to local tenants. It is anticipated that the Company will own one thousand units in the next five years.

The Council is currently redeveloping the Queen's Park estate, demolishing the 500 high-rise flats to build 191 new houses and low-rise flats to create more desirable communities.

In addition a large new build development is currently being constructed in the Bloomfield area. The site includes 410 new homes, which are innovative and attractive, of which 70 are available for affordable rent.

Secondly, we must improve conditions within the housing stock to keep people safe and warm and enable people to access the kinds of housing that people need, including effective commissioning of specialist supported housing. This is essential in reducing some of the chronic physical and mental health conditions associated with poor housing.

To improve standards within the private rented sector we have introduced selective licensing schemes in the Claremont and South Beach areas and are about to roll out a new scheme to the central area of Blackpool. The schemes have improved the management of standards and have reduced anti-social behaviour by tenants.

We are also leading part in Cosy Homes in Lancashire; this is a county-wide home energy efficiency and affordable warmth pilot initiative aimed at using grants from energy companies (particularly the Energy Company Obligation or 'ECO') and other sources to fund new heating measures, insulation and renewable technologies in domestic properties. The outcome will be a reduction in energy bills and an increase in the 'thermal comfort' of homes, leading to a reduction in cold-related illnesses and associated GP and hospital visits.

Thirdly, we must support vulnerable people with their housing needs, for example;

1. Those at the point of hospital discharge so that they can return to and remain at home, preventing unnecessary admission to hospital.

2. People with chaotic lifestyles or multiple and complex needs including substance and/or alcohol misuse, mental ill health or homelessness.

3. Young people, including those leaving care, who often require support making the transition to independent living.

A great deal of work is ongoing to support vulnerable people but there is potential to further improve this by joining up health and social care services better. We want to improve outcomes for the individual and alleviate pressure on the NHS.

We are currently developing an Older Person's Housing and Support Strategy that will identify the housing needs of older people and set out a plan for the future provision. One of the aims will be to improve people's homes by reviewing the aids and adaptation programme and how funds are allocated, this will help to reduce delays for those who are awaiting hospital discharge.

The strategy will also review the future for sheltered housing and understand what changes are required to meet future demands; and understand the demand for and impact of Extra Care Schemes and to investigate the feasibility of commissioning new developments should excess demand be identified.

As described in earlier sections, Blackpool has high numbers of people with chaotic lifestyles and complex and multiple needs.

A transience programme has operated in the South Beach and Claremont areas to identify people with support needs and signpost them to relevant services. An important element to this has been community development and building social networks to improve confidence and mutual support.

As the Vanguard Programme is rolled out across Blackpool and into the inner areas, the transience programme will help identify residents who need support and are not accessing services, and ensure that they are included.

The Council's Housing Options team will continue to work to prevent and resolve homelessness, providing advice and assistance to up to 2,500 households each year. This is backed up by supported housing providers, voluntary agencies, and tenancy support and training provision. Maintaining people in stable home environments is critical to improving health and wellbeing.

New, holistic, support for young people will be delivered through a new Vulnerable Adolescents' Hub, alongside more work to prevent homelessness caused by family breakdown, and a wider range of housing and support options for all vulnerable young people.

2. Substance misuse, including alcohol and tobacco

Substance misuse including alcohol and tobacco brings a wide range of problems and is a major public health issue. The health and social problems they cause are significant, wide ranging and costly.

Alcohol

Alcohol, and people's relationship with it, is particularly problematic in Blackpool; it is one of the main causes of shorter life expectancy, causing and contributing to numerous physical and mental health problems including kidney and liver disease, cancer, heart disease, stroke and depression as well as foetal alcohol spectrum disorder and related developmental conditions in children of women who have consumed alcohol whilst pregnant.

Blackpool's historic drinking culture associated with hen and stag parties has had a lasting impact on perceptions of alcohol use as socially acceptable pastime; combined with other socio-economic problems this results in a significantly higher than average alcohol related mortality rates and the highest rate of alcohol related admissions to hospital in England.

Our refreshed Alcohol Strategy 2016 – 19 focuses on reducing the harm caused by alcohol, based around three priority areas.

1. **Developing healthy attitudes to alcohol across the life course** – this includes preconception with women to reduce alcohol exposed pregnancies, and alcohol consumption and the effects on families with early years children; delivered through Better Start and described in more detail in later sections. For school age children, interventions include PHSE programmes in secondary schools and for adults, campaigns to raise awareness of the risks associated with excessive drinking.

2. **Changing the environment and promoting responsible retailing** – we will continue to use enforcement and planning regulations to ensure that harm from alcohol is minimised by not granting licenses to establishments where there is already an oversupply of alcohol, and by carrying out test-purchasing to ensure that regulations regarding the sale of alcohol are being followed. We will continue to lobby for a national Minimum Unit Price for alcohol, and for a public health licensing objective.

3. **Early identification and support for alcohol issues** – we will commission services to ensure that adults and children with alcohol misuse problems can access effective treatment services and recovery support. We will have a focus on early intervention so will train wide ranging staff to identify people drinking at harmful levels and direct them to appropriate support.

Drugs

While all drugs have damaging impacts, the most harmful drugs, including heroin and crack cocaine bring untold misery to individuals, their families and communities. Problem drug use is an issue which has an impact on society as a whole, but disproportionately affects the most deprived communities, disadvantaged families and vulnerable individuals.

Previously, policy has tended to concentrate on treatment and harm reduction and not the wider implications. The new Drug Strategy for Blackpool takes a whole system approach to the issues caused by drug misuse. The key objectives, which have been endorsed by the board, are to:

- Prevent harm to individuals
- Build recovery
- Prevent harm to the community
- Empower young people to make informed choices
- Keep children safe and rebuild families
- Build community and increase engagement and inclusiveness in Blackpool

Key actions need to be included for alcohol and substance misuse – what about dual diagnosis and links to mental health

Fulfilling Lives

In 2014, Blackpool was chosen by the Big Lottery to receive funding to deliver the Fulfilling Lives: Complex Needs programme; Blackpool received £10 million to deliver the project, which is about building recovery.

The aim is to improve the stability, confidence and capability of people with multiple and complex needs including: homelessness, reoffending, problematic substance misuse and mental ill health resulting in a positive impact on local communities across Blackpool. It also aims to change systems to better deal with these people in the future and to significantly reduce the current costs incurred by emergency services such as the police and ambulance service in responding to people living chaotic lifestyles.

Considerable emphasis has been placed on the involvement of ex-service users (people who previously had chaotic lifestyles caused by problems with alcohol, drugs, offending behaviour, homelessness and mental health issues) in the design and delivery of this programme. They use their skills, knowledge and experience to identify, engage with and support people currently living chaotic lives.

Outcomes so far? (See evaluation when available)

New Psychoactive Substances

In recent years, the United Kingdom has seen the emergence of New Psychoactive Substances (NPS) that have similar effects to drugs that are internationally controlled. They have increasingly become more popular since 2008/9 and present a relative new challenge in drugs

policy and being developed at such a speed never seen before in the drugs market. These drugs have been designed to evade drug laws, are widely available and have the potential to pose serious risks to public health and safety and can even be fatal.

The Health and Wellbeing Board debated the issues NPS present for Blackpool and noted the work undertaken by the Council's Public Protection team to close all Head Shops in Blackpool.

In January 2016 the Psychoactive Substance Act 2016 was passed and is due to be implemented later in the year.

Tobacco

Effective tobacco control is central to realising the right to life and the right to the highest attainable standard of health for everyone in Blackpool. It recognises that people deserve to live in a town free from the harms caused by tobacco, where people choose not to smoke and enjoy longer, healthier lives.

Whilst figures in other areas of England have seen reductions in the numbers of adults who smoke, in Blackpool the figures have remained static over the last few years at around 27.2% of the adult population smoking as compared to the England average at 20%. For Blackpool to become a more successful town, with opportunities for everyone to flourish, we need to remove the burden of ill health, which tobacco contributes significantly to.

The Blackpool Tobacco Strategy therefore sets out a range of actions across three priority themes, as we believe these to be the areas of greatest opportunity where the greatest differences can be made:

- **Prevention** – creating an environment where (young) people choose not to smoke
- **Protection** – protecting people from second hand smoke
- **Cessation** – helping people to quit smoking

This will be achieved by:

1. Reducing health inequalities through reduced tobacco consumption; helping tobacco users to quit and reducing exposure to second hand smoke.
2. Reducing the promotion of tobacco, communicating for tobacco control and effectively regulating tobacco/nicotine containing products.
3. Making tobacco less accessible by considering licensing sales/local initiatives and reduce the flow of illicit and illegal tobacco products into Blackpool.
4. Ensuring that tobacco control is prioritised in cross-cutting policies, education, guidance and funding and

protecting tobacco control policy from industry influence.

5. Working with communities to change the cultural norms around smoking.

3. Creating community resilience and reducing social isolation

As public sector resources diminish and we no longer have the funding to provide services to support people's health and social care needs in the same way as previously, we have to find ways to support people in different ways, encouraging them to become more resilient and less reliant on our services.

There are a number of projects being delivered by different organisations in different neighbourhoods that are focused on developing communities, reducing isolation and increasing resilience.

Volunteering is integral to this and as our own resources and capacity diminishes, we are becoming increasingly reliant on the voluntary sector for support in delivering key aspects of our work to build resilient communities.

Volunteer strategy

As part of Better Start, work has been ongoing to develop Community Champions who will ensure that all parents are given the support they require within pregnancy and the early years to become more active within their communities to make positive sustainable changes. Better Start will through innovative community action projects develop services and resources for parents by parents.

As part of the new models of care vanguard we will be introducing neighbourhood navigators…

Community Oriented Primary Care?

Police – (volunteers)

This needs the discussion on what our strategic approach to the third sector is…

4. Early intervention

In previous sections we have described the priority areas that need to be addressed, and where intervention is most needed if we are to improve health and wellbeing for our communities. This priority is about how we will need to take a different approach to the way public sector organisations operate and deliver services in the future; this is an absolute necessity if we are to remain sustainable and able to continue helping those people in greatest need. We simply cannot afford to continue responding to individual problems in a disjointed and ad hoc manner, once issues have reached crisis point.

In Blackpool we have a unique opportunity to turn things around. There has been considerable investment in Blackpool in recent years as various partnerships have been successful in securing funding through the Big Lottery Fund. This additional investment will facilitate the systems transformation required to improve outcomes in the long term and change the way that services are delivered, not just enable a short term continuation.

The most significant of these is the funding for 'A Better Start', in partnership with the NSPCC; in July 2014 we secured £45 million over a ten year period to improve outcomes for all pre-birth to age three children and families across Blackpool.

Blackpool Better Start's aim is to deliver lasting change so that Blackpool will be a place in which families raise happy, healthy children who grow up to take pride in belonging to, and giving back to, the community. Better Start has two key development outcomes: **healthy gestation and birth** and **readiness for school;** these are recognised as key development milestones for children.

It will improve services for 0-3 year olds and their families. The Blackpool Better Start programme is underpinned by four cornerstones:

- Grounded in a Public Health approach
- Using Evidence Based programmes
- Systems transformation and reframing of Early Child Development
- Centre for Early child Development

Initial work focuses on the seven wards where the local communities face the greatest challenges: Bloomfield, Brunswick, Claremont, Clifton, Park, Talbot and Victoria.

HeadStart is one of the newer systems change initiatives currently underway in Blackpool; the funding secured in earlier bidding rounds has informed the development of the recently submitted stage 3 bid, which has also benefited from work on Better Start, Multiple Complex Needs and Vanguard initiatives – all of which put individual needs at the heart of their processes.

HeadStart aims to build resilience in young people aged ten to sixteen years to help them cope with life's challenges and prevent mental health problems from developing in later life. The programme will develop resilient environments in schools and communities by embracing the approach of proportionate universalism advocated in the Marmot Review.

We want to increase all young people's resilience to enable them to cope with life's challenges. The larger universal population will need a lesser level of support to achieve this and the smaller proportion of Universal + and Universal ++ will need a greater level of support, this proportionate level of support achieves ideal levels of resilience for the population of 10-16 year olds in Blackpool.

The clearest link to HeadStart is Better Start, as mentioned above. Together, these investments put us in the unique position of being able to develop a town wide prevention strategy for our children and young people - a "cradle to college" approach. This is supported by the integration of both Big Lottery Funded initiatives into our newly-developed Emotional Health and Wellbeing Transformation Plan, which will deliver a new approach to ensuring emotional health and wellbeing of children and young people of all ages in Blackpool.

Healthy Weight

At the beginning of this strategy we described some of the challenges that our children and young people are facing, with health and particularly healthy weight being a major concern. This is an area where we must intervene at the earliest possible stage to reverse some of the worrying trends that are starting to take hold.

There is a growing consensus that preventing childhood obesity is key to achieving healthy lives in adulthood and ultimately to reversing obesity prevalence. The Healthy Weight Strategy 2014 – 16 proposes a whole system approach to the problem of obesity, suggesting that to achieve this we need to change our approach as a society to food, drinks and physical activity and prioritise the creation of 'healthy-preference learning environments' for children.

The strategy's main priorities for continuing to address and reduce levels of overweight and obesity in children and adults include:

- Increase knowledge, skills and abilities about healthy eating
- Make healthy choices the default choice
- Pricing
- Availability of unhealthy foods
- Redesigning environments to promote physical activity and healthy food
- Reducing sugar consumption

Section about Early Action

Monitoring progress

Regular progress reports to board/debates…

What are key performance indicators from each org?

How does Board want to monitor performance of priorities?

Appendix A

Health and Wellbeing Strategy for Blackpool

Document Control

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Record of Amendments:

Date	Version	Amended by	Description of changes
9 March 2016	1	Venessa Beckett	Comments and suggestions on content and structure (Scott Butterfield)
17 March 2016	2	Venessa Beckett	Comments and suggestions on data (John Patterson)
21 March 2016	3	Venessa Beckett	Comments and suggestions on content and structure (Scott Butterfield)
30 March 2016	4	Venessa Beckett	Amended Housing section (Andrew Foot)
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1 April 2016	7	Venessa Beckett	Inserted sections on Better Start (Annette Algie)
1 April 2016	8	Venessa Beckett	Inserted section on NPS and Fulfilling Lives (Nicky Dennison)

Approved By:

Name	Title	Signature	Date

Report to:	**HEALTHWATCH BLACKPOOL**
Relevant Officer:	Mark Towers, Company Secretary
Date of Meeting	17 May 2016

ARTICLES OF ASSOCIATION

1.0 Purpose of the report:

1.1 The purpose of this report is to seek a recommendation to the Council in relation to the adoption of the articles of association.

2.0 Recommendation(s):

2.1 To agree the proposed decision making policy as attached at Appendix 5(a).

2.2 To agree to recommend the Council to adopt the revised set of articles at Appendix 5(b).

2.3 To consider how to move forward to become a more self-sustainable body, which would involve a further review of the articles of association to achieve that aim.

3.0 **Reason for Recommendations**

3.1 To align the articles of association with those which formed part of the contract which Empowerment won, to enable the work of the Board to supportive of the objectives of empowerment.

4.0 Formation of Healthwatch Blackpool

4.1 The Council formed Healthwatch on 23 September 2012, effective from 1 November 2012. It was formed as a company limited by guarantee, a body corporate, ready to carry out statutory functions that are contained in the Health and Social Care Act 2012.

4.2 The Health and Social Care Act 2012 required all local authorities to commission a local Healthwatch. Healthwatch was to be the new local health and social care consumer champion and would represent the views of local residents of all ages, advocating and influencing the delivery and commissioning of health and social care services on their behalf.

5.0 Contract for Delivering Healthwatch

5.1 From 1 April 2015, Empowerment was successful in winning the contract for delivering Healthwatch in Blackpool. Prior to the letting of the contract a review of the Articles of Association had been undertaken, with representatives of the then Board of Directors and the Company Secretary, these were not formally approved, but did form the basis of the contract, which Empowerment were successful in winning. As part of the agreement with Empowerment, a recruitment panel was also formed to help the transition to the new Healthwatch Board, the agreement between the Council's commissioning team and Empowerment was that there would be a recruitment panel set up (including representatives from the Council's Commissioning team, Empowerment and the Health Trust) to appoint Board members. It also looked to identify a Chairman. This was to make sure that there was a required skills set across the Board and an experienced leader as Chairman. This panel would also continue to make sure that future/ replacement Board Members were chosen on the same basis. This has now been incorporated into the revised Articles of Association, which formed the basis of the contract Empowerment was successful in bidding for.

5.2 The revised set of Articles of Association is attached. The Board is asked to approve a Resolution to adopt the revised Articles of Association of the Company and the statement as to how the Council (as member) could signify agreement. The Council who would need to consider the Articles of Association through its Executive decision making process within 28 days. Once agreed by the Council, the revised Articles of Association would then have to be lodged with Companies House within 15 days of the decision.

5.3 The revised Articles are not ideal for the future development of the Company, if it wishes to move towards becoming a self-sustaining body. However, the adoption of the current set would align the work of the Board better with the contract Empowerment was successful in winning.

5.4 One issue which has caused some confusion with the articles has been the interpretation of the word 'member'. In Part 1 of the articles, "member" has the meaning given in section 112 of the Companies Act 2006. This in effect means that the subscribers of a company's memorandum are deemed to have agreed to become members of the company. The subscriber to these articles is the Council. However, later in the articles the word 'member' is referred to in relation to arrangements for Annual meetings. For these meetings it cannot just be the Council, which is referred to (as the registered member) so any member of the public who attends has been allowed to speak and participate in the Annual meeting to ensure there is transparency and accountability.

5.5 This still means that the articles are a legal and sound document, but this anomaly could be picked up in a future review, if for example Healthwatch wished to become a charity.

5.6 The Board could then work with the Council in developing governance documents to help it develop into a more self-sustaining organisation.

5.7 Article 11 states the need for a decision making policy to be agreed by the Board and published. Attached is a proposed policy based on a template used by a number of Healthwatch organisations and very similar to the policy previously used.

6.0 Accountabilities

6.1 The DH/ LGA publication – 'Developing Effective Local Healthwatch' states that:

"Local Healthwatch will be funded by local authorities and held to account by them for their ability to operate effectively and be value for money. The Act states that local authorities will have a local Healthwatch organisation in their area from April 2013, but will have the flexibility to choose how they commission it to achieve best value for money for their communities."

A Local Healthwatch should be accountable to:

- Local service users and resident taxpayers in the local authority area.
- The commissioning local authority in terms of value for money and delivery of contracted activities/ performance.
- Healthwatch England in terms of quality standards.

A Local Healthwatch is expected to demonstrate accountability by a minimum of:

- an annual meeting, open and accessible to local stakeholders/ members
- an annual report
- audited accounts available for public inspection
- published organisational governance structure chart.

List of Appendices:

Appendix 5(a) – Proposed Decision Making Policy
Appendix 5(b) - Revised articles of association.

7.0 Financial and Legal considerations:

7.1 The legal process for adopting the articles is referred to in paragraph 5.2.

8.0 Other considerations:
(Performance, Risk, Human Resource and Equalities)

8.1 A set of articles consistent with the Empowerment contract will ensure greater compliance with the measures raised.

9.0 Consultation with Volunteers (if appropriate)

9.1 No consultation was appropriate with this set of articles as it formed part of a commissioning contract. The recommendation is to align the articles of association with those which formed part of the contract which Empowerment won.

Decision Making Policy

Introduction

Healthwatch Blackpool wishes to ensure that the way it makes decisions and the outcome of any decisions made is transparent. It also wishes to ensure that the interests of the people of Blackpool are always put first. Healthwatch Blackpool has therefore adopted the following decision-making policy, which also aims to ensure that all decisions are evidence-based and are made in a consistent and fair manner.

Background Information

As a company limited by guarantee and a Local Healthwatch organisation, decision-making within Healthwatch Blackpool is governed by:

- The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012;
- The Local Government and Public Involvement Act 2007, amended by the Health and Social Care Act 2012;
- The 2006 Companies Act;
- The 2012 Health and Social Care Act;
- Healthwatch Blackpool's Articles of Association.

Regulation 40 of the NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012 require Healthwatch Blackpool to have in place and to publish procedures for making 'relevant decisions'.

These procedures must include:

- Provision as to who may make 'relevant decisions';
- Provision for involving lay persons or volunteers in such decisions;
- Provision for dealing with breaches of any procedure referred to in the two previous points, which should include circumstances in which a breach would be referred to the local authority/authorities commissioning the Local Healthwatch service.

Healthwatch Blackpool is a corporate body, which must undertake particular operational activities and is supported by Empowerment which is a local charity which has a contractual arrangement with Blackpool Council to support the Board of Directors, in undertaking its work.

Therefore 'relevant decisions' are defined as including all decisions about:

- Promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local health and social care services;
- Enabling local people to monitor the standard of provision of local health and social care services and whether and how local health and social care services could and ought to be improved;
- Obtaining the views of local people regarding their needs for, and experiences of, local health and social care services and importantly to make these views known;

- Making reports and recommendations about how local health and social care services could or ought to be improved. These should be directed to commissioners and providers of health and social care services, and people responsible for managing or scrutinising local health and social care services and shared with Healthwatch England.;
- Providing advice and information about access to local health and social care services so choices can be made about local health and local care services;
- Formulating views on the standard of provision and whether and how the local health and social care services could and ought to be improved: and sharing these views with Healthwatch England;
- Making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations directly to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues;
- Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

Who can make 'Relevant Decisions'
In accordance with the Companies Act 2006, and as set out in the company's Articles of Association, overall accountability for decision-making within Healthwatch Blackpool resides with the Board of Directors.

The Board's role is:

1. Setting and ensuring the delivery of the overall strategy;
2. Stewardship and accountability for the delivery of the strategy;
3. Governance and assurance.

Whenever possible, all 'relevant decisions' will be made at meetings of the Board held in public. The Board of Healthwatch Blackpool may also from time to time delegate some of its decision-making powers to sub committees of the Board. When it is necessary to make 'relevant decisions' at other times, or by sub committees of the Board, they will be ratified, where appropriate, at the subsequent Board meeting held in public.

Recording and Publishing Decisions
All 'relevant decisions' will be recorded in the minutes of the Board meeting at which the decision was made. The minutes of all Board meetings are published on Healthwatch Blackpool's website, once they have been agreed by the Board as being a correct record of the meeting concerned.

Appeals Against Decisions
The Board of Healthwatch Blackpool will reconsider a decision where new evidence has become available, or if circumstances change, which might prompt it to reach a different decision; or where there is evidence that this decision-making process was not followed.

Provision for Involving Lay Persons or Volunteers in Such Decisions
Membership of the Board of Directors of Healthwatch Blackpool includes lay members.

Dealing with Breaches of These Procedures

If a decision is taken in the name of Healthwatch Blackpool without authorisation in the manner set out above, the Board will determine what action is needed, either to approve the decision retrospectively, or to reverse the decision. If the breach of the agreed procedure is considered to have also breached the contract between Empowerment and Blackpool Council, it will be reported to the Council and further action agreed.

Review of Procedures

The Board of Healthwatch Blackpool will review the effectiveness of the decision-making procedures set out in this document annually.

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THE COMPANIES ACT 2006

COMPANY LIMITED BY GUARANTEE

MEMORANDUM OF ASSOCIATION

OF

HEALTHWATCH BLACKPOOL

The subscriber to this memorandum of association wishes to form a company under the Companies Act 2006 and agrees to become a member of the Company.

Name of each subscriber	**Signature of each subscriber**
Delyth Curtis Director of People (Statutory Director of Children's Services)	

Dated:

THE COMPANIES ACT 2006

COMPANY LIMITED BY GUARANTEE

ARTICLES OF ASSOCIATION

OF

HEALTHWATCH BLACKPOOL

INDEX TO THE ARTICLES

PART 1

INTERPRETATION AND LIMITATION OF LIABILITY

Defined terms

1. In these articles, unless the context requires otherwise—

"2012 Regulations" means NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012

"articles" means the company's articles of association;

"bankruptcy" includes individual insolvency proceedings in a jurisdiction other than England and Wales or Northern Ireland which have an effect similar to that of bankruptcy;

"Board" means the board of directors of the Company;

"chairman" has the meaning given in article 14;

"chairman of the meeting" has the meaning given in article 28;

"Companies Acts" means the Companies Acts (as defined in section 2 of the Companies Act 2006), in so far as they apply to the company;

"director" means a director of the company, and includes any person occupying the position of director, by whatever name called;

"document" includes, unless otherwise specified, any document sent or supplied in electronic form;

"electronic form" has the meaning given in section 1168 of the Companies Act 2006;

"member" has the meaning given in section 112 of the Companies Act 2006; -

"ordinary resolution" has the meaning given in section 282 of the Companies Act 2006;

"participate", in relation to a directors' meeting, has the meaning given in article 10;

"proxy notice" has the meaning given in article 34;

"relevant decisions" has the meaning given in section 40 of the 2012 Regulations

"services-provider" has the meaning given in Part 6 of the 2012 Regulations

"special resolution" has the meaning given in section 283 of the Companies Act 2006;

"subsidiary" has the meaning given in section 1159 of the Companies Act 2006; and

"writing" means the representation or reproduction of words, symbols or other information in a visible form by any method or combination of methods, whether sent or supplied in electronic form or otherwise.

Word importing one gender shall include all genders and the singular includes the plural and vice versa

Unless the context otherwise requires, other words or expressions contained in these articles bear the same meaning as in the Companies Act 2006 as in force on the date when these articles become binding on the company.

The model articles for private companies limited by guarantee contained in Schedule 2 of the Companies (Model Articles) regulations 2008 (*SI 2208/3229*) as amended prior to the date of adoption of these Articles shall not apply to the Company.

Liability of members

2. The liability of each member is limited to £1, being the amount that each member undertakes to contribute to the assets of the company in the event of its being wound up while he is member or within one year after he ceases to be a member, for—

(a) payment of the company's debts and liabilities contracted before he ceases to be a member,

(b) payment of the costs, charges and expenses of winding up, and

(c) adjustment of the rights of the contributories among themselves.

Purposes

3. (1) The Company's purposes are the following charitable purposes for the advancement of health and the relief (non-financial) of those in need by reason of youth, age, ill-health, disability or financial hardship by;

(a) providing information and advice to the general public about local health and social care services

(b) making the views and experiences of members of the general public known to health and social care providers

(c) enabling local people to have a voice in the development, delivery and equality of access to local health and care services and facilities and;

(d) providing training and the development of skills for volunteers and the wider community in understanding, scrutinizing, reviewing and monitoring local health and care services and facilities.

(2) The Company's Purposes are for the benefit of the entire population of the town of Blackpool.

(3) The Company shall carry on its activities in the interests of and for the benefit of the community in England.

(4) The income of the Company shall be applied solely towards the promotion of the purposes of and reinvested into the Company.

(5) The Company shall adhere to all requirements of Healthwatch organisations as defined in part 6 of the 2012 Regulations.

(6) In pursuance of the purposes, the Company, subject to complying at all times with the provisions of the 2012 Regulations and any other provision of these Articles (including, without limitation, Article 42), has the power to:-

(a) buy, lease or otherwise acquire and deal with any property real or personal and any rights or privileges of any kind over or in respect of any property real or personal and to improve, manage, develop, construct, repair, sell, lease, mortgage, charge, surrender or dispose of or otherwise deal with all or any part of such property and any and all rights of the Company;

(b) borrow and raise money in such manner as the directors shall think fit and secure the repayment of any money borrowed, raised or owing by

mortgage, charge, lien or other security on the Company's property and assets;

(c) invest and deal with the funds of the Company not immediately required for its operations in or upon such investments, securities or property as may be thought fit;

(d) subscribe for, take, buy or otherwise acquire, hold, sell, deal with and dispose of, place and underwrite shares, stocks, debentures, debenture stocks, bonds, obligations or securities issued or guaranteed by any government or authority in any part of the world;

(e) lend and advance money or give credit on such terms as may seem expedient and with or without security to customers and others, to enter into guarantees, contracts of indemnity and suretyships of all kinds to receive money on deposit or loan upon such terms as the Company may approve and to secure or guarantee the payment of any sums of money or the performance of any obligation by any company, firm or person including any holding company or subsidiary;

(f) lobby, advertise, publish, educate, examine, research and survey in respect of all matters of law, regulation, economics, accounting, governance, politics and/or other issues and to hold meetings, events and other procedures and co-operate with or assist any other body or organisation in each case in such way or by such means as may, in the opinion of the directors, affect or advance the principal object in any way. This shall be to further the purposes of the Company to an extent justified by the resources committed and where the activity is not the dominant means by which the Company carries out its purposes;

(g) pay all or any expenses incurred in connection with the promotion, formation and incorporation of the Company and to contract with any person, firm or company to pay the same;

(h) enter into contracts to provide services to or on behalf of other bodies;

(i) provide and assist in the provision of money, materials or other help;.

(j) open and operate bank accounts and other facilities for banking and draw, accept, endorse, issue or execute promissory notes, bills of exchange, cheques and other instruments;

(k) incorporate subsidiary companies to carry on any trade; and

(l) do all such other lawful things as are incidental or conducive to the pursuit or to the attainment of any of the object set out in article 2.

PART 2

DIRECTORS

DIRECTORS' POWERS AND RESPONSIBILITIES

Directors' general authority

4.—Subject to these articles, the directors are responsible for the management of the company's business, for which purpose they may exercise all the powers of the company.

Members' reserve power

5.—(1) The members may, by special resolution, direct the directors to take, or refrain from taking, specified action.
(2) No such special resolution invalidates anything which the directors have done before the passing of the resolution.

Directors may delegate

6.—(1) Subject to these articles, the directors may delegate any of the powers which are conferred on them under these articles—
(a) to such person or committee;
(b) by such means (including by power of attorney);
(c) to such an extent;
(d) in relation to such matters or territories; and
(e) on such terms and conditions;
as they think fit.
(2) If the directors so specify, any such delegation may authorise further delegation of the directors' powers by any person to whom they are delegated.
(3) The directors may revoke any delegation in whole or part, or alter its terms and conditions.

Committees

7.—(1) Committees to which the directors delegate any of their powers must follow procedures which are based as far as they are applicable on those provisions of these articles which govern the taking of decisions by directors.
(2) The directors may make rules of procedure for all or any committees, which prevail over rules derived from these articles if they are not consistent with them.

DECISION-MAKING BY DIRECTORS

Directors to take decisions collectively

8.—(1) The general rule about decision-making by directors is that any decision of the directors must be a majority decision at a meeting
(2) If—
(a) the company only has one director, and
(b) no provision of these articles requires it to have more than one director, the general rule does not apply, and the director may take decisions without regard to any of the provisions of these articles relating to directors' decision-making.

Unanimous decisions

9.—(1) A decision of the directors is taken in accordance with this article when all eligible directors indicate to each other by any means that they share a common view on a matter.
(2) Such a decision may take the form of a resolution in writing, copies of which have been signed by each eligible director or to which each eligible director has otherwise indicated agreement in writing.

(3) References in this article to eligible directors are to directors who would have been entitled to vote on the matter had it been proposed as a resolution at a directors' meeting.
(4) A decision may not be taken in accordance with this article if the eligible directors would not have formed a quorum at such a meeting.

DIRECTORS' MEETINGS

Calling a directors' meeting

10.— (1) Ordinarily, Directors' meetings will be held on a bi-monthly basis. Changes to the normal frequency of meetings can be agreed by a resolution of the Board of Directors, as and when required.
(2) Any director may call a directors' meeting by giving a minimum of 3 days notice of the meeting to the directors or by authorising the company secretary to give such notice.
(3) Notice of any directors' meeting must indicate—
(a) its proposed date and time; and
(b) where it is to take place;
(c) the purpose of the meeting and nature of the business;
(4) Notice of a directors' meeting must be given to each director in writing and all directors must be invited.
(5) The proceedings at a directors' meeting shall not be invalidated because a person who was entitled to receive notice of the meeting did not receive it because of an accidental omission by the Company to give such notice.
(6) Before any such meeting is called, the Director (or representative of) must consult with the Company Secretary as to the suitability of the meeting and have due regard to any advice given by the Company Secretary on such matters.

Publication of Decisions

11. (1) Before the Board makes any relevant decisions, the Board must have and publish:
(a) a procedure for making relevant decisions, including provisions as to who may make such relevant decisions;
(b) a procedure for involving lay persons or volunteers in such relevant decisions; and
(c) a procedure for dealing with breaches of any procedure referred to in sub-paragraph (a) or (b).
(2) If any amendments to the procedures at 11(1)(a) or 11(1)(b) are made, such amendments are to be published as soon as practicable
(3) The Board will comply and procure in the exercise of their powers that the Company complies with the procedures created pursuant to article 11(1)(a)-(c) above and any subsequent amendments thereof.
(4) All relevant decisions made by the Board are to be published on the website of Healthwatch Blackpool as soon as practicable along with the reasoning for the decision. This would not apply if it was agreed by the Board that the reasoning for the decision was considered to be, and declared, confidential.

Participation in directors' meetings

12.—(1) For the purposes of these articles, directors participate in a directors' meeting, or part of a directors' meeting, when the meeting has been called and takes place in accordance with these articles,

Quorum for directors' meetings

13.—(1) At a directors' meeting, unless a quorum is participating, no proposal is to be voted on, except a proposal to call another meeting.
(2) The quorum for directors' meetings may be fixed from time to time by a decision of the directors, but it must never be less than three, and unless otherwise fixed it is three.
(3) If the total number of directors for the time being is less than the quorum required, the
directors must not take any decision other than a decision—
(a) to appoint further directors, or
(b) to call a general meeting so as to enable the members to appoint further directors.

Chairing of directors' meetings

14. (1) The Board of Directors shall appoint a director to chair their meetings by ordinary resolution. This will normally occur on an annual basis following the Annual General Meeting and on recommendation from the recruitment panel as indicated in paragraph 18.
(a) The person so appointed for the time being is known as the chairman.
(2) The Board of Directors shall appoint a director to chair their meetings, in the event that the chairman is absent, by ordinary resolution.
(a) The person so appointed for the time being is known as the vice chairman.
(3) If the chairman is not participating in a directors' meeting within ten minutes of the time at which it was to start, the vice chairman will chair it
(4) If neither the chairman nor the vice chairman are participating in a directors' meeting within ten minutes of the time at which it was to start, the participating directors must appoint one of themselves to chair it.
(5) The Board of Directors may terminate the chairman's / vice chairman's appointment at any time, subject to the chairman or vice chairman failing to fulfill the statutory duties of a Director as detailed in the Companies Act, 2006.

Casting vote

15.—(1) If the numbers of votes for and against a proposal are equal, the chairman or other director chairing the meeting has a casting vote.
(2) But this does not apply if, in accordance with these articles, the chairman or other director is not to be counted as participating in the decision-making process for quorum or voting purposes.

Conflicts of interest

16.—(1) If a proposed decision of the directors is concerned with an actual or proposed transaction or arrangement with the company in which a director is interested, that director is not to be counted as participating in the decision-making process for quorum or voting purposes.
(2) But if paragraph (3) applies, a director who is interested in an actual or proposed transaction or arrangement with the company is to be counted as participating in the decision-making process for quorum and voting purposes.
(3) This paragraph applies when—
(a) the company by ordinary resolution disapplies the provision of these articles which would otherwise prevent a director from being counted as participating in the decision-making process;
(b) the director's interest cannot reasonably be regarded as likely to give rise to a conflict of interest; or
(c) the director's conflict of interest arises from a permitted cause.
(4) For the purposes of this article, the following are permitted causes—

(a) a guarantee given, or to be given, by or to a director in respect of an obligation incurred by or on behalf of the company or any of its subsidiaries;
(b) subscription, or an agreement to subscribe, for securities of the company or any of its subsidiaries, or to underwrite, sub-underwrite, or guarantee subscription for any such securities; and
(c) arrangements pursuant to which benefits are made available to employees and directors or former employees and directors of the company or any of its subsidiaries which do not provide special benefits for directors or former directors.

(5) For the purposes of this article, references to proposed decisions and decision-making processes include any directors' meeting or part of a directors' meeting.
(6) Subject to paragraph (7), if a question arises at a meeting of directors or of a committee of directors as to the right of a director to participate in the meeting (or part of the meeting) for voting or quorum purposes, the question may, before the conclusion of the meeting, be referred to the chairman whose ruling in relation to any director other than the chairman is to be final and conclusive.
(7) If any question as to the right to participate in the meeting (or part of the meeting) should arise in respect of the chairman, the question is to be decided by a decision of the directors at that meeting, for which purpose the chairman is not to be counted as participating in the meeting (or that part of the meeting) for voting or quorum purposes.
(8) In relation to paragraphs 16(6) and 16(7) the advice of the Company Secretary must always be sought before a ruling is made.

Records of decisions to be kept

17. The directors must ensure that the company keeps a record, in writing, for at least 10 years from the date of the decision recorded, of every unanimous or majority decision taken by the directors, such record to kept by the Company Secretary.

APPOINTMENT OF DIRECTORS AND COMPANY SECRETARY

Methods of appointing directors

18.—(1) Any person, other than a serving Local Authority Councillor, who is willing to act as a director, and is permitted by law to do so, may be appointed to be a director by ordinary resolution following a recommendation from a recruitment panel set up for that purpose, incorporating the Lead Officer from the host organisation, the Company Secretary and representation from public bodies who operate in the health and social care sector in the Borough of Blackpool.
(2) A maximum of 8 directors may be appointed and the recruitment panel shall keep this under review.

Termination of director's appointment

19. A person ceases to be a director as soon as—
(a) that person ceases to be a director by virtue of any provision of the Companies Act 2006 or is prohibited from being a director by law;
(b) a bankruptcy order is made against that person;
(c) a composition is made with that person's creditors generally in satisfaction of that person's debts;
(d) a registered medical practitioner who is treating that person gives a written opinion to the company stating that that person has become physically or mentally incapable of acting as a director and may remain so for more than three months;
(e) by reason of that person's mental health, a court makes an order which wholly or partly prevents that person from personally exercising any powers or rights which that person would otherwise have;

(f) notification is received by the company from the director that the director is resigning from office, and such resignation has taken effect in accordance with its terms;
(g) a person fails, in the opinion of the Board, as a director to fulfil their statutory duties as detailed in the Companies Acts.

Directors' remuneration

20.—Directors will not receive any remuneration.

Directors' expenses

21. The company may pay any reasonable expenses which the directors properly incur in connection with their attendance at—
(a) meetings of directors or committees of directors,
(b) general meetings,
or otherwise in connection with the exercise of their powers and the discharge of their responsibilities in relation to the company.

Company Secretary

22. (1) The Directors shall appoint Blackpool Borough Council's Monitoring Officer for the time being as the secretary.

PART 3

MEMBERS

BECOMING AND CEASING TO BE A MEMBER

Applications for membership

22. No person shall become a member of the company unless-
(a) that person has completed an application for membership in a form approved by the directors, and
(b) the directors have approved the application.

Termination of membership

23.—(1) A member may withdraw from membership of the company by giving 7 days' notice to the company in writing.
(2) Membership is not transferable.
(3) A person's membership terminates when that person dies or ceases to exist.
(4) A person's membership may be terminated by the Board of Directors without the person's consent by giving him written notice if, in the reasonable opinion of the directors:-
(a) that person is guilty of conduct which has or is likely to have a serious adverse affect on the Company or bring the Company into disrepute; or
(b) that person has acted or threatened to act in a manner which is contrary to the interests of the Company as a whole; or
(c) that person has failed to observe the terms of these articles or their terms and conditions of recruitment with the Company (if applicable).

ORGANISATION OF GENERAL MEETINGS

General Meetings

24. (1) The Company must hold its first annual general meeting within eighteen months after the date of its incorporation.
(2) An annual general meeting must be held in each subsequent year and not more than fifteen months may elapse between successive annual general meetings
(3) The minimum periods of notice required to hold general meetings of the Company are:

(a) twenty one clear days for an annual general meeting or a general meeting called for the passing of a special resolution;

(b) fourteen clear days for all other general meetings

(4) The AGM must be a public meeting
(5) An extraordinary general meeting may be called following agreement of the Board of Directors or by agreement of a minimum of 5 members, or one third of the total formal membership (whichever is greater) of Healthwatch Blackpool. The purpose of the meeting and nature of the business must be stipulated and before any such meeting is called, the Company Secretary must be consulted as to the suitability of the meeting and due regard must be given to any advice given on such matters.

Attendance and speaking at general meetings

25. (1) A member of the public is able to exercise the right to speak and ask questions of the Board of Directors at a general meeting when that person is in a position to communicate to all those attending the meeting, during the meeting, any information or opinions which that person has on the business of the meeting.
(2) A member of Healthwatch Blackpool is able to exercise the right to vote at a general meeting when—

(a) that member is able to vote, during the meeting, on resolutions put to the vote at the meeting, and

(b) that member's vote can be taken into account in determining whether or not such resolutions are passed.

(3) The directors may make whatever arrangements they consider appropriate to enable those attending a general meeting to exercise their rights to speak or vote at it.
(4) In determining attendance at a general meeting, it is immaterial whether any two or more members attending it are in the same place as each other.
(5) Two or more persons who are not in the same place as each other attend a general meeting if their circumstances are such that if they have (or were to have) rights to speak and vote at that meeting, they are (or would be) able to exercise them.

Quorum for general meetings

26. No business is to be transacted at a general meeting if the Directors attending it do not constitute a quorum.

Chairing general meetings

27. (1) The chairman shall chair general meetings if present and willing to do so.
(2) If the directors have not appointed a chairman, or if the chairman is unwilling to chair the meeting or is not present within ten minutes of the time at which a meeting was due to start, the vice chairman shall chair the meeting, if a directors have not appointed a vice chairman, or if the vice chairman is unwilling to chair the meeting or is not present within ten minutes of the time at which a meeting was due to start —

(a) the directors present, or

(b) (if no directors are present), the meeting, must appoint a director or member to chair the meeting, and the appointment of the chairman of the meeting must be the first business of the meeting.

(3) The person chairing a meeting in accordance with this article is referred to as "the chairman of the meeting".

Attendance and speaking by directors and non-members

28.—(1) Directors may attend and speak at general meetings, whether or not they are members.

(2) The chairman of the meeting may permit other persons who are not members of the company to attend and speak at a general meeting, subject to the provisions of paragraph 25 above.

Adjournment

29.—(1) If the Directors attending a general meeting within half an hour of the time at which the meeting was due to start do not constitute a quorum, or if during a meeting a quorum ceases to be present, the chairman of the meeting must adjourn it.

(2) The chairman of the meeting may adjourn a general meeting at which a quorum is present if—

(a) the meeting consents to an adjournment, or

(b) it appears to the chairman of the meeting that an adjournment is necessary to protect the safety of any person attending the meeting or ensure that the business of the meeting is conducted in an orderly manner.

(3) When adjourning a general meeting, the chairman of the meeting must—

(a) either specify the time and place to which it is adjourned or state that it is to continue at a time and place to be fixed by the directors, and

(b) have regard to any directions as to the time and place of any adjournment which have been given by the meeting.

(4) If the continuation of an adjourned meeting is to take place more than 14 days after it was adjourned, the company must give at least 7 clear days' notice of it (that is, excluding the day of the adjourned meeting and the day on which the notice is given)—

(a) to the same persons to whom notice of the company's general meetings is required to be given, and

(b) containing the same information which such notice is required to contain.

VOTING AT GENERAL MEETINGS

Voting: general

30. A resolution put to the vote of a general meeting must be decided on a show of hands unless a poll is duly demanded in accordance with these articles.

Errors and disputes

31.—(1) No objection may be raised to the qualification of any member voting at a general meeting except at the meeting or adjourned meeting at which the vote objected to is tendered, and every vote not disallowed at the meeting is valid.

(2) Any such objection must be referred to the chairman of the meeting whose decision is final.

Poll votes

32.—(1) A poll on a resolution may be demanded—

(a) in advance of the general meeting where it is to be put to the vote, or

(b) at a general meeting, either before a show of hands on that resolution or immediately after the result of a show of hands on that resolution is declared.

(2) A poll may be demanded by—

(a) the chairman of the meeting;

(b) the directors;

(c) two or more members having the right to vote on the resolution; or

(d) a member or members representing not less than one tenth of the total voting rights of all the members having the right to vote on the resolution.

(3) A demand for a poll may be withdrawn if—

(a) the poll has not yet been taken, and

(b) the chairman of the meeting consents to the withdrawal.

(4) Polls must be taken immediately and in such manner as the chairman of the meeting directs.

Content of proxy notices

33.—(1) Proxies may only validly be appointed by a notice in writing (a "proxy notice") which—

(a) states the name and address of the formal member appointing the proxy;

(b) identifies the person appointed to be that formal member's proxy and the general meeting in relation to which that person is appointed;

(c) is signed by or on behalf of the member appointing the proxy, or is authenticated in such manner as the directors may determine; and

(d) is delivered to the company in accordance with these articles and any instructions contained in the notice of the general meeting to which they relate.

(2) The company may require proxy notices to be delivered in a particular form, and may specify different forms for different purposes.

(3) Proxy notices may specify how the proxy appointed under them is to vote (or that the proxy is to abstain from voting) on one or more resolutions.

(4) Unless a proxy notice indicates otherwise, it must be treated as—

(a) allowing the person appointed under it as a proxy discretion as to how to vote on any ancillary or procedural resolutions put to the meeting, and

(b) appointing that person as a proxy in relation to any adjournment of the general meeting to which it relates as well as the meeting itself.

Delivery of proxy notices

34.—(1) A member who is entitled to attend, speak or vote (either on a show of hands or on a poll) at a general meeting remains so entitled in respect of that meeting or any adjournment of it, even though a valid proxy notice has been delivered to the company by or on behalf of that member.

(2) An appointment under a proxy notice may be revoked by delivering to the company a notice in writing given by or on behalf of the person by whom or on whose behalf the proxy notice was given.

(3) A notice revoking a proxy appointment only takes effect if it is delivered before the start of the meeting or adjourned meeting to which it relates.

(4) If a proxy notice is not executed by the member appointing the proxy, it must be accompanied by written evidence of the authority of the person who executed it to execute it on the appointor's behalf.

Amendments to resolutions

35.—(1) An ordinary resolution to be proposed at a general meeting may be amended by ordinary resolution if—

(a) notice of the proposed amendment is given to the company in writing by a member entitled to vote at the general meeting at which it is to be proposed not less

than 48 hours before the meeting is to take place (or such later time as the chairperson of the meeting may determine), and

(b) the proposed amendment does not, in the reasonable opinion of the chairman of the meeting, materially alter the scope of the resolution.

(2) A special resolution to be proposed at a general meeting may be amended by ordinary resolution, if—

(a) the chairman of the meeting proposes the amendment at the general meeting at which the resolution is to be proposed, and

(b) the amendment does not go beyond what is necessary to correct a grammatical or other non-substantive error in the resolution.

(3) If the chairman of the meeting, acting in good faith, wrongly decides that an amendment to a resolution is out of order, the chairman's error does not invalidate the vote on that resolution.

PART 4

ADMINISTRATIVE ARRANGEMENTS

Means of communication to be used

36.—(1) Anything sent or supplied by or to the company under these articles may be sent or supplied in any way in which the Companies Act 2006 provides for documents or information which are authorised or required by any provision of that Act to be sent or supplied by or to the company.

(2) Subject to these articles, any notice or document to be sent or supplied to a director in connection with the taking of decisions by directors may also be sent or supplied by the means by which that director has asked to be sent or supplied with such notices or documents for the time being.

(3) A director may agree with the company that notices or documents sent to that director in a particular way are to be deemed to have been received within a specified time of their being sent, and for the specified time to be less than 48 hours.

(4)Any notice to be given to or by any person pursuant to these articles:

(1) must be in writing; or

(2) must be given in electronic form

Company seals

37.—(1) Any common seal may only be used by the authority of the directors.

(2) The directors may decide by what means and in what form any common seal is to be used.

(3) Unless otherwise decided by the directors, if the company has a common seal and it is affixed to a document, the document must also be signed by at least one authorised person in the presence of a witness who attests the signature.

(4) For the purposes of this article, an authorised person is—

(a) any director of the company;

(b) the company secretary (if any); or

(c) any person authorised by the directors for the purpose of signing documents to which the common seal is applied.

Minutes

38.-(1) The directors must keep minutes of all:

(a) appointments of directors and company secretary;

(b) proceedings at meetings of the Company;

(c) meetings of the directors including:

(i) the names of the directors present at the meeting

(ii) the decisions made at the meetings; and

(iii) where appropriate the reasons for the decisions

Accounts

39. (1) The directors must prepare for each financial year accounts as required by the Companies Acts. The accounts must be prepared to show a true and fair view and follow accounting standards issued or adopted by the Accounting Standards Board or its successors and adhere to the recommendations of applicable statements of recommended practice.
(2) The directors must keep accounting records as required by the Companies Acts

Annual Reports

40.(1) The directors must produce an annual report which must include:
(a) Accounts for the previous financial year;
(b) The steps that the Company has taken in the previous 12 months to ensure that it is representative of the local area
(c) The steps that the Company has taken in the previous 12 months to engage with and gather the views of the local people
(d) An overview of the Company's achievements over the previous 12 months
(e) An outline of what the Company has planned for the upcoming 12 months
(f) How the Company has acted in accordance with the Equality Act 2010 and the Freedom of Information Act 2000

Dissolution

41. (1) The income and property of the Company shall be applied solely in promoting the Objects.

(2) No dividends or bonus may be paid or capital otherwise returned to the members, provided that nothing in these articles shall prevent any payment in good faith by the Company of reasonable out of pocket expenses properly incurred by a director in accordance with these articles.

(3) The members of the Company may at any time before, and in expectation of, its dissolution resolve that any net assets of the Company after all its debts and liabilities have been paid, or provision has been made for them, shall on or before the dissolution of the Company be applied or transferred in any of the following ways:
(a) directly for the Purposes; or
(b) by transfer to any charity or charities for similar purposes; or
(c) to any charity or charities for use for particular purposes that fall within the Purposes of the Company.

(4) Subject to any such resolution of the members of the Company, the directors of the Company may at any time before and in expectation of its dissolution resolve that any net assets of the Company after all its debts and liabilities have been paid, or provision made for them, shall on or before dissolution of the Company be applied or transferred:
(a) directly for the Purposes; or
(b) by transfer to any charity or charities for similar purposes; or
(c) to any charity or charities for use for particular purposes that fall within the Purposes of the Company.
(5) In no circumstances shall the net assets of the Company be paid to or distributed among the members of the Company and if no resolution in accordance with article 41(1) is passed by the members or the directors the net assets of the Company shall be applied as directed by the Court

Provision for employees on cessation of business

42. The directors may decide to make provision for the benefit of persons employed or formerly employed by the company or any of its subsidiaries (other than a director or former director or shadow director) in connection with the cessation or transfer to any person of the whole or part of the undertaking of the company or that subsidiary.

Trade Marks

43. The Company will comply with the requirements of regulation 43 of the 2012 Regulations.

DIRECTORS' INDEMNITY AND INSURANCE

Indemnity

44.—(1) Subject to paragraph (2), a relevant director of the company or an associated company may be indemnified out of the company's assets against—

(a) any liability incurred by that director in connection with any negligence, default, breach of duty or breach of trust in relation to the company or an associated company,

(b) any liability incurred by that director in connection with the activities of the company or an associated company in its capacity as a trustee of an occupational pension scheme (as defined in section 235(6) of the Companies Act 2006),

(c) any other liability incurred by that director as an officer of the company or an associated company.

(2) This article does not authorise any indemnity which would be prohibited or rendered void by
any provision of the Companies Acts or by any other provision of law.

(3) In this article—

(a) companies are associated if one is a subsidiary of the other or both are subsidiaries of the same body corporate, and

(b) a "relevant director" means any director or former director of the company or an associated company.

Insurance

45.—(1) The directors may decide to purchase and maintain insurance, at the expense of the company, for the benefit of any relevant director in respect of any relevant loss.

(2) In this article—

(a) a "relevant director" means any director or former director of the company or an associated company,

(b) a "relevant loss" means any loss or liability which has been or may be incurred by a relevant director in connection with that director's duties or powers in relation to the company, any associated company or any pension fund or employees' share scheme of the company or associated company, and

(c) companies are associated if one is a subsidiary of the other or both are subsidiaries of the same body corporate.

Name, address and description
of the Subscriber

Delyth Curtis
Director of People (Statutory Director of Children's Services)
Number One
Bickerstaffe Square
Talbot Road
Blackpool
FY1 3AH

Dated:

Report to:	**HEALTHWATCH BLACKPOOL**
Relevant Officer:	Mark Towers, Company Secretary
Date of Meeting	17 May 2016

APPOINTMENTS TO VARIOUS BODIES

1.0 Purpose of the report:

1.1 To consider appointments to the second Healthwatch position on the Health and Wellbeing Board and the attendance at meetings of the Blackpool Clinical Commissioning Group, (CCG) Governing Body.

2.0 Recommendation(s):

2.1 To consider appointments to the second Healthwatch position on the Health and Wellbeing Board and the attendance at meetings of the Blackpool CCG Primary Care Commissioning Committee and the Governing Body.

3.0 Reason for Recommendations

3.0 To make various appointments to bodies associated with Healthwatch Blackpool.

4.1 Health and Wellbeing Board

4.1 Under the Health and Social Care Act 2012, a local Health and Wellbeing Board has to comprise of at least one Healthwatch member (usually the Chairman). In Blackpool, there are two positions available. At the last meeting of the Board it was agreed that the first position be filled by Mary Whyham, the Chairman, but to wait until this meeting to appoint to the second position. The Health and Wellbeing Board meets usually on a Wednesday afternoon at 3pm every five or six weeks. The proposed dates for future meetings in 2016 are 8 June, 20 July, 7 September, 19 October and 30 November. Its members total 20 and include representatives from the Blackpool Teaching Hospitals Health Trust, Lancashire Care Foundation Trust, Blackpool Council, Blackpool CCG, Lancashire Constabulary, Lancashire Fire and Rescue Service, the voluntary sector and Healthwatch Blackpool.

4.2 The terms of reference for the Health and Wellbeing Board are as follows:

1. To prepare Joint Strategic Needs Assessments (JSNAs) and Joint Health and

Wellbeing Strategies (JHWSs), which is a duty of local authorities and clinical commissioning groups (CCGs).

2. To encourage integrated working between health and social care commissioners, including providing advice, assistance or other support to encourage arrangements under Section 75 of the National Health Service Act 2006 (i.e. lead commissioning, pooled budgets and/or integrated provision) in connection with the provision of health and social care services.

3. To encourage close working between commissioners of health related services and the Board itself.

4. To encourage close working between commissioners of health-related services (such as housing and many other local government services) and commissioners of health and social care services.

4.3 Mrs Whyham attended the meeting of the Health and Wellbeing Board on 20 April and will feedback to the Board at the meeting.

5.0 Blackpool Clinical Commissioning Group Governing Body and the Primary Care Commissioning Committee

5.1 A Blackpool Healthwatch representative has been previously invited to attend the Governing Body of the Blackpool CCG. The Board is asked to consider who should attend this meeting. Future meetings are to be held at 1pm on 5 July, 6 September and 1 November 2016 in the Boardroom, NHS Blackpool CCG, Blackpool Stadium, Seasiders Way, Blackpool FY1 6JX.

5.2 The Primary Care Commissioning Committee is another body a representative of Healthwatch is invited to and this committee meets as follows for 2016 at 1pm on 7 June, 2 August, 4 October and 6 December. All meetings are held on Tuesdays in the Boardroom, NHS Blackpool CCG, Blackpool Stadium, Seasiders Way, Blackpool FY1 6JX.

List of Appendices:

Appendix 6(a) – Terms of Reference for the Primary Care Commissioning Committee Blackpool CCG Governing Body

Follow this link for more information http://blackpoolccg.nhs.uk/about-blackpool-ccg/who-we-are/governing-body-members/

6.0 Financial and Legal considerations:

6.1 None.

7.0 Other considerations:
(Performance, Risk, Human Resource and Equalities)

7.1 Representation at meetings of both bodies will assist Healthwatch Blackpool in its work.

8.0 Consultation with Volunteers (if appropriate)

8.1 No consultation was considered appropriate with these recommendations.

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Primary Care Commissioning Committee

Terms of Reference and Membership

Introduction

1. In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated to the CCG the authority to exercise certain specified primary care commissioning functions set out in the Delegation Agreement ***(held by the Secretary to the Governing Body)***.

2. The CCG has established the Primary Care Commissioning Committee ("The Committee"). The Committee will function as a corporate decision-making body for the management of these delegated functions and the exercise of the delegated powers.

Statutory Framework

3. Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:

    - Management of conflicts of interest (section 14O)
    - Duty to promote the NHS Constitution (section 14P)
    - Duty to exercise its functions effectively, efficiently and economically (section 14Q)
    - Duty as to improvement in quality of services (section 14R)
    - Duty in relation to quality of primary medical services (section 14S)
    - Duties as to reducing inequalities (section 14T)
    - Duty to promote the involvement of each patient (section 14U)
    - Duty as to patient choice (section 14V)
    - Duty as to promoting integration (section 14Z1)
    - Public involvement and consultation (section 14Z2)

4. The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those set out below:

    - Duty to have regard to impact on services in certain areas (section 13O)
    - Duty as respects variation in provision of health services (section 13P)

5. The Committee is established as a committee of the Governing Body in accordance with Schedule 1A of the "NHS Act".

6. The members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.

Role of the Committee

7. The Committee has been established in accordance with the above statutory provisions to enable the members to make decisions on the review, planning and procurement of primary care services in Blackpool, under delegated authority to the CCG from NHS England.

8. In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and the CCG, which will sit alongside the delegation and terms of reference.

9. The functions of the Committee are undertaken in the context of a desire to promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.

10. The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act.

11. This includes the following:

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing breach/remedial notices, and removing a contract)
- Newly designed enhanced services ("Local Enhanced Services" and "Directed Enhanced Services")
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF)
- Plan, including needs assessment, primary medical services
- Decision making on whether to establish new GP practices in an area
- Approving practice mergers
- Undertake reviews of primary medical services
- Evaluating the effectiveness of primary medical services
- Making decisions on 'discretionary' payment (e.g., returner/retainer schemes)
- Manage the budget for the commissioning of primary medical care services

Membership

12. Core membership:
    - CCG Chairman – Chairman of this Committee
    - CCG Lay Members x 3 (One acting as Vice Chairman of this Committee)
    - Chief Clinical Officer
    - CCG GP Members of the Governing Body x 2 (To be agreed by the GP Members of the Governing Body)
    - Chief Operating Officer – Executive Member of this Committee
    - Chief Finance Officer – Executive Member of this Committee
    - Chief Nurse – Executive Member of this Committee

    In attendance:
    - Healthwatch Representative
    - Local Authority Representative from the Health and Wellbeing Board
    - Representative from the Lancashire Coastal Local Medical Committee

13. The Chair of the Committee shall be a Lay Member of the Governing Body of the CCG, appointed by the Lay and Executive Members of the Committee.

14. The Vice-Chair of the Committee shall be a Lay Member of the Governing Body of the CCG, appointed by the Lay and Executive Members of the Committee.

15. A Health Watch representative, a local authority representative from the Health and Wellbeing Board, and a representative from the Lancashire Coastal Local Medical Committee will be invited to join the committee as non-voting attendees.

Quorum

16. The quorum will be no less than half of the voting membership, and must always have a Lay Member and Executive Member majority present.

Committee Meetings – conduct, voting, and frequency

17. The Committee will operate in accordance with the CCG's Standing Orders. The Secretary to the Committee will be responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative three working days before the date of the meeting. When the Chair of the Committee deems it necessary to call a meeting at short notice, the notice period shall be such as the Chairman shall specify.

18. Each member of the Committee shall have one vote. The Committee shall reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote, if necessary. However, the aim of the Committee will be to achieve consensus decision-making wherever possible.

19. Meetings will be held monthly.

20. Meetings of the Committee shall:

    a. be held in public, subject to the application of 20(b);

    b. the Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

21. Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

22. The Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the CCG Constitution's scheme of reservation and delegation, and reflect arrangements for the management of conflicts of interest.

23. The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.

24. Members of the Committee shall respect confidentiality requirements.

25. The Committee will present its minutes to NHS England's Area Team, and the CCG's Governing Body for information, including the minutes of any sub-committees to which responsibilities are delegated under paragraph 22 above. The CCG will comply with any reporting requirements set out in its constitution.

Review

26. These Terms of Reference will be reviewed by the CCG at least annually, reflecting the experience of the Committee in fulfilling its functions. NHS England may also issue revised model terms of reference from time to time.

Accountability of the Committee

27. The Committee is accountable for making decisions on the review, planning and procurement of primary care services in Blackpool, under delegated authority to the CCG from NHS England as detailed in Appendix D, Scheme of Delegation and Reservation, of the CCG's Constitution.

Report to:	**HEALTHWATCH BLACKPOOL**
Relevant Officer:	Mark Towers, Company Secretary
Date of Meeting	17 May 2016

BOARD EXPENSES POLICY

1.0 Purpose of the report:

1.1 To adopt an expenses policy for Healthwatch Blackpool Board Members.

2.0 Recommendation(s):

2.1 To adopt the policy as attached at Appendix 7(a).

3.0 Reasons for Recommendations

3.1 To put in place a policy to define criteria for the approval of expenses as allowed for in the articles of association, on the basis that no Board member should be out of pocket for undertaking their official duties.

4.0 Contract with Empowerment

4.1 As Board Members are aware, Empowerment was successful in winning the tender for delivering Healthwatch services. As part of the contract, a recruitment process was instigated, which has resulted in the composition of the Board as it is today. Following discussions with Empowerment, the Council has set aside a sum of money to cover all expenses claims from Board Members and this has been ring-fenced in the commissioning agreement. Although the position of Board Members is not remunerated, the Council and Empowerment are key to ensure that no Board Members will be out of pocket for undertaking their duties with Healthwatch Blackpool.

4.2 Following research of a number of other Healthwatch organisations, a draft policy has been put together which hopefully will ensure all claims are validated fairly.

List of Appendices:

Appendix 7(a) - Draft Board expenses policy.

5.0 Financial and Legal considerations:

5.1 The Lead Healthwatch Officer will make arrangements for reimbursing Board Members in line with the policy and will then claim the paid amounts back from the Council on a quarterly basis.

6.0 Other considerations:
(Performance, Risk, Human Resource and Equalities)

6.1 An expenses policy is a transparent way of managing claims and ensuring Board Members are not out of pocket from undertaking Healthwatch activities.

7.0 Consultation with Volunteers (if appropriate)

7.1 No consultation was appropriate with this proposed policy as provision for it is already covered in the articles of association.

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Expenses Policy

All Healthwatch Blackpool Board Members will be reimbursed for out-of-pocket expenses incurred in the course of undertaking authorised work on behalf of Healthwatch Blackpool. (Expenses though will not be paid for any individuals who claim such expenses through their work or organisation).

Board Members can only claim for actual costs arising from authorised meetings and activities. These include:

- Travel and other related expenses towards attendance at meetings.
- Activities in direct relation to Healthwatch Blackpool, such as training, conferences and events.
- Travel and other related expenses towards attendance at public meetings as a Board representative.
- Associated caring responsibilities.
- Associated child care responsibilities.

Cars and Motorcycles

Board Members:

- Will use their own car or motorcycle for Healthwatch Blackpool business
- Must have valid motor insurance that covers volunteering activity.
- Must have a valid driving licence, road fund licence and MOT if appropriate.
- Will be reimbursed for the cost of parking.
- Will be repaid expenses in accordance with the Inland Revenue's approved mileage rates (last updated June 2015) these are:
    - Car £0.45 per mile
    - Motorcycle £0.24 per mile
    - Bicycle £0.20 per mile.

Healthwatch Blackpool will not pay:

- The cost of fines or penalties incurred by Board members on Board approved business.
- The cost of damages to private vehicles of any description.

Bus

- Cost of the fare as paid will be reimbursed.
- Cost of the fare of an accompanying carer where required, will be reimbursed.

Train

- Cost of fare as paid will be reimbursed (standard class only).
- Cost of fare for an accompanying carer where required will be reimbursed (standard class only).
- Where possible travel should be off peak and booked in advance.

Taxi

- The use of taxis must be agreed and arranged with the Healthwatch Lead Officer in advance.
- The use of taxis is for circumstances where public or personal transport is not available.
- Sharing of taxis where appropriate will be expected.

Carers' and Childcare Expenses

- The expenses form must be completed, signed and submitted to the Healthwatch Lead Officer along with an invoice from the person, organisation or agency providing the care.
- Carer costs will be paid direct to the carer, or repaid to the Board Member on submission of a valid receipt, up to a maximum of £15.00 per hour.
- Except in exceptional circumstances (agreed with the Healthwatch Lead Officer), a Board Member cannot claim for care that is provided by:
    - A member of their household
    - A person who is under 16; or
    - Available through other arrangements at no cost.

Claiming Expenses

- Expenses must be claimed **within three months** of being incurred. Any claim submitted after this will NOT be paid.
- All expenses must be claimed using the approved Healthwatch Blackpool expenses form.
- Claimants must ensure all the information provided is accurate.
- All claims, except mileage, must be supported by an invoice or receipt.

Submission of Claim

- Healthwatch Blackpool Expense forms must be forwarded to the Healthwatch Lead Officer by the seventh day of each month. Late submissions will be deferred until the following month
- The preferred method of payment is by BACS. The BACS section on the claim form must be completed for each claim
- Any queries arising from the claim may delay payment.

Payment of Expenses

- Payments will be made by BACS on the 25 day of the month or the next working day.
- Claims for payment for mileage will be from the Board Member's home address.

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2015/16 Performance Review

&

2016/17 Business Plan

Company:	Healthwatch Blackpool
Company Registration number:	8584258
Registered Company address:	Number One Bickerstaffe Square, Talbot Road, Blackpool, England, FY1 3AH
Operational Company Address:	333 Bispham Road, Blackpool FY2 0HH
Contact telephone number	0300 32 32 100 (opt #7)
E-mail Address:	hello@healthwatchblackpool.co.uk
Website:	www.healthwatchblackpool.co.uk
Date of plan to be carried out:	April 2016 – April 2017

Contents

1. PURPOSE OF HEALTHWATCH BLACKPOOL

Healthwatch Blackpool is the independent consumer champion of health and social care services in Blackpool. It listens to service user experiences on all areas of health and social care, and shares this feedback with service providers and commissioners at a strategic level in order to effect positive change.

Our primary role is to be an independent body which allows Blackpool residents the opportunity to express their concerns and compliments about local services, and also to find out more information and get advice about the health and social care options available to them.

Our secondary role is to work in partnership with the Blackpool Clinical Commissioning Group (CCG), Blackpool Council, and the Care Quality Commission (CQC), as well as other key health and social care providers (such as Blackpool Teaching Hospitals). These partnerships can allow Healthwatch Blackpool to represent the public voice on a strategic level and be a part of the shaping of local health and social care services.

2. BACKGROUND OF SERVICE

Healthwatch is a governmental statutory mechanism intended to strengthen the collective voice of users of health and social care services and members of the public, both nationally and locally. Healthwatch was created by Part 5 of the Health and Social Care Act 2012 (The Act) which paved the way for a national body (Healthwatch England) and a local organisation for each local council in England with social care responsibilities: local Healthwatch.

Locally, Healthwatch Blackpool has additional powers to those held by Local Involvement Networks (LINks) which it replaces (including Enter and View capabilities). The Act established local Healthwatch from April 2013. Healthwatch Blackpool is a member of a network of independent local Healthwatch organisations in England. Healthwatch England provides a national focus for our work but exercises no control over our activities. We are a company limited by guarantee established by Blackpool Council. However, Blackpool Council has no members on the Healthwatch Blackpool Board and the company works independently from the Council and the NHS.

From April 2013-2015 Healthwatch was run by Groundwork, a local community charity. In April 2015 the contract that delivered Healthwatch was awarded to Empowerment; a local advocacy, dementia and domestic abuse charity.

3. IMPACT OF 2015/16 WORK PROGRAMME

Published work

From April 2015 Healthwatch Blackpool has undertaken an extensive work across the area. It has reviewed the following specific services:

- Maternity Services
- Community Mental Health Team (CMHT)
- Outpatients Services
- Dentistry
- Domiciliary Care
- End of Life Care
- Children and Adolescent Mental Health Services (CAMHS) & CONNECT Outreach Services
- Care Homes (11 care homes pilot reviews)
- Substance Misuse services
- Urgent Care / A&E

Healthwatch Blackpool has also undertaken joint working projects with other local Healthwatch:

- The Harbour Conversation (led by Healthwatch Lancashire)
- MacMillan Cancer awareness event for adults with Learning Disabilities

As well as looking into specific services it has also undertaken other research and community projects:

- Children and Young People's Emotional Wellbeing

This wide reaching volume of work allowed Healthwatch Blackpool to get a foothold in local service provision and establish itself as a credible source of service user feedback. It also allowed the organisation to make good links with key partners and assist in the further development of local health and social care strategies. We now have seats on the Patient and Carer Experience and Involvement Committee, Patient Participation and Involvement (PPI) Forum, Blackpool Patient Participation Networking Group (PPNG), Joint Strategic Needs Assessment (JSNA) steering group, Dementia Action Alliance, Alcohol and Drug Strategy Groups.

Feedback

Not all services gave feedback to our reports. Where feedback was given there was a good level of positive change as a direct consequence of our input. Particular successes were Community Mental Health Services (CMHT), substance misuse services, and care home reviews. Some pieces of work are still requiring feedback.

	Response given	Further action taken
Maternity Services	X	
Community Mental Health Team (CMHT) Service	✓	The CCG brought together the three statutory providers of mental health services (Blackpool Council, Lancashire Care Foundation Trust & Blackpool Teaching Hospitals) to form an alliance to ensure that all partners work better together to improve services for the local community. They meet monthly to oversee the redesign and development of mental health

		services and they aim to implement their strategy by April 2016, which includes: • Those referred to mental health services to be seen within the recommended timescales of three weeks and with more focus on person centred care. • Investing additional funding to improve their psychological therapies and reduce waiting times to 6 weeks by the end of March 2016 • Reviewing crisis response and pilot new initiatives which could mean less people have to go to A&E when they are in crisis.
Outpatients Services	X	
Dentistry	X	
Domiciliary Care	PENDING	
End of Life Care	PENDING	
CAMHS & CONNECT Outreach Services	√	*"We welcome this feedback and the learning that can be taken from it. It's good to hear the positive comments … and acknowledge there is further work that we need to do. Our local CAMHS & Connect Services are engaged in a number of local and national developments together with our partners organisations, that will see much needed investments in children's and young people's emotional health and wellbeing and their mental health needs. This will involve transforming the way we deliver children's and young people's emotional health and mental health services across Blackpool."* - David Eaton, Service Manager Blackpool CAMHS
Care Homes	**8** of 11 homes responded	New/more extensive food rotas, more in-house activities, and where absent, some have employed activities co-ordinators.
Substance Misuse services	√ PENDING	*"We will be looking into the findings in more detail to look at the possibility of introducing changes in line with these findings. We are starting a recovery group in the immediate future for our young people and will look at continuing this if there is sufficient interest."* – The Hub Response pending from Horizon.
Urgent Care / A&E	PENDING	
The Harbour Conversation	PENDING	

Impact Summary

Healthwatch Blackpool conducted a high volume of quality consultations, and had a particularly significant impact on adult mental health planning of provision. It has gained seats on service provider steering and operational groups allowing itself to be a continued part of the development of services. It has developed key relationships within Blackpool Council, Blackpool CCG, and Blackpool Teaching Hospitals. Where possible Healthwatch Blackpool has shared its information with the CQC, and good working relationships have been formed with the body promoting information sharing and planning.

There have been difficulties in gaining feedback from services, and where it has not been forthcoming Healthwatch Blackpool has been unable to assess how successfully the voices of service users have been heard. It has also been difficult to quantify the impact of its work as direct consequences of its input.

Healthwatch Blackpool has a good social media presence with the development of a new website, promoting its services, surveys, updates and other community information with the public. The following on Twitter is excellent with especially good information sharing links with other organisations and the ability to tie in published works with national awareness day/weeks, but Facebook and public reach needs to be developed.

Healthwatch Blackpool has held regular stands at Blackpool Victoria Hospital, and attended multi-agency and public events, however its public presence and visibility remains relatively low.

4. 2016/17 AIMS AND OBJECTIVES

1. Develop a plan of work which includes a range of large in-depth quality projects, and smaller scale consultations
2. Raise the public profile of Healthwatch Blackpool and consumer feedback
3. Improve and maintain relationships with CQC
4. Create a Youth Healthwatch
5. Maintain the role of championing the consumer voice and effective communication, ensuring quality reviews, responsive to public concerns, and good joint-working
6. Raise the level of service provider feedback, and ensure robust KPI reporting
7. Increase the number of volunteers and members of Healthwatch Blackpool
8. Develop sustainability opportunities

1. Develop a plan of work which includes a range of large in-depth quality projects, and smaller scale consultations

- In April 2016 Healthwatch Blackpool will undertake a public consultation in order to discover the health and social care issues that residents would like addressing.
- Consider the local and national conversations on health and social care, potentially looking at umbrella projects such as "*The 24-hour NHS"* (with focus on GPs, urgent care and 111/999), Care of the Elderly (e.g *Care Home Reviews, Dementia Services, Occupational Therapy*).
- Visit every care home in Blackpool
- Look at re-visiting previous work for follow up on service provision (e.g *Community Mental Health Team*).
- Healthwatch Blackpool will hold a planning session in order to prioritise these issues, explore themes and set a time scale for the work to be delivered.

2. Raise the public profile of Healthwatch Blackpool and consumer feedback

- Healthwatch Blackpool will hold quarterly open forums for the public to attend to allow them to voice their opinions in person. This could potentially be in the evening or on a weekend to maximise public input.
- Healthwatch Blackpool will hold more stands in public places – outside of health and social care settings to raise the awareness of the service (e.g. in Blackpool Town Centre).
- Hold a publicity drive on social media. To explore the options of paid targeted advertising, creation of video media, competitions/draws in which people who like and share our pages, give us their feedback on services or sign up to our newsletters can win an item or experience.

3. Improve and maintain relationships with CQC

- Continue to provide CQC with up to date care home reports, and provide any information requested ahead of inspections.
- When invited Healthwatch Blackpool will join the CQC on joint pieces of work.
- Invite the CQC inspection manager of Adult Social Care to Healthwatch Blackpool to discuss further work and information sharing prospects.

4. Create a Youth Healthwatch

- Meet with Healthwatch England representatives to ensure the necessary legal requirements and standards are met, and follow the examples of other local Healthwatch in working with young people.
- Develop existing links with Blackpool & Fylde College, and Blackpool 6th Form College in order to create a Youth Healthwatch primarily aimed at reviewing services specific to young people.
- Develop a plan of work focussed on young people's services.

5. Maintain the role of championing the consumer voice and effective communication, ensuring quality reviews, responsive to public concerns, and good joint-working

- All the information Healthwatch Blackpool produces is put under scrutiny, it will maintain a high quality which is not only in line with Healthwatch England guideline practices but actively seeks to raise the standard of reporting and thus the impact of the public's voice on services.
- Healthwatch Blackpool will ensure that its findings and recommendations are well reasoned and either provided by or strongly based on the voice of the consumer.
- Enter and Views will remain a last resort for Healthwatch Blackpool to implement if service providers are not responsive to requests for access for consumer reviews.
- Where individual concerns are raised, Healthwatch Blackpool will offer signposting and information & advice services. Where concerns are repeated Healthwatch Blackpool will seek to investigate and gain explanation/clarification from service providers.
- Healthwatch Blackpool will continue to hold seats on strategic and operational groups, including:
  - Blackpool Health and Wellbeing Board
  - CCG Governing Body meetings
  - Patient and Carer Experience and Involvement Committee
  - Patient Participation and Involvement (PPI) Forum
  - Blackpool Patient Participation Networking Group (PPNG)
  - Joint Strategic Needs Assessment (JSNA) steering group
  - Dementia Action Alliance
  - Alcohol Strategy Group
  - Drug Strategy Group

6. Raise the level of service provider feedback, and ensure robust KPI reporting

- To meet with Blackpool Council to update KPI reporting to best reflect the impact of Healthwatch Blackpool's work.
- Develop a feedback tool enabling services to review the work Healthwatch Blackpool has undertaken and its effectiveness.
- Encourage service provider responses by formalising and standardising how reports are sent, and giving clear timescales before publication.
- Increase awareness of publications in all Healthwatch Blackpool communication

7. Increasing the number of volunteers and members of Healthwatch Blackpool

- Promote Healthwatch Blackpool at Blackpool and Fylde College, in particular their Health and Social Care department. Posters, talks, stands here will allow us to access those who are looking for a career in health and social care (both young people and adults), as well as promoting the work we do.
- Healthwatch Blackpool will hold more stands in public places – outside of health and social care settings to canvass for volunteers
- Healthwatch Blackpool will increase their visibility at Blackpool events (such as Ride the Lights, Fun Runs, concerts in Stanley Park etc.) to reach the wider public to garner members, support, interest online and volunteers.
- Healthwatch Blackpool will attend volunteering fairs, such as those at UCLan, and continue to attend Multi-Agency events to promote Healthwatch Blackpool and volunteering with us.

8. Develop sustainability opportunities

- Healthwatch Blackpool will obtain charity status, enabling it to bid for community and other grants to deliver health related projects.
- Healthwatch Blackpool will charge a fee for independent reviews which have been requested by services, and will advertise this service online and promote at multi-agency engagement opportunities.
- In order to maintain the position of consumer champion, Healthwatch Blackpool will extend its reach by including publications and marketing materials in community/health venues and look into advertising on in-house health service television networks.
- Healthwatch Blackpool can use its position on strategic boards and steering groups to offer its independent consumer feedback service, in order to make itself pivotal in service provision development.
- The increase of a volunteer base will allow Healthwatch Blackpool's service delivery to improve and become more effective. Reviews and consultations will be wider reaching as well trained volunteers will generate a larger volume of service user feedback. Volunteers also bring individual skills and backgrounds in health and social care which can form beneficial networking opportunities and knowledge.

5. Strengths, Weaknesses and challenges over 2016/17

Strengths	Weaknesses
Ample existing body of published reports to build on reputation as a professional and effective independent service user experience feedback service.	Following the achievement of charity status, Healthwatch Blackpool will be bidding for work in a competitive environment in which public sector funding is reducing.
Good backing from Blackpool NHS Teaching Hospitals and Blackpool Council department heads, based on work carried out over the last 12 months.	Healthwatch have limited bid-writing experience or expertise, but will be able to draw upon the vast experience of bid writing experience held by Empowerment.
Excellent working relationships within Blackpool Teaching Hospitals and Blackpool Council.	Existing information & advice and in-house feedback services such as PALS and "listeners" remain an alternative option for the public and for services to self-review.
Well established name in services Healthwatch Blackpool has reviewed.	The expected reduction in future funding from the local authority will strain an already small Healthwatch Blackpool team, requiring it to become more resourceful and encourage volunteers to join the service.

Healthwatch Blackpool will continue to effectively deliver both on its primary and secondary roles as outlined in section 1. However, sustainability remains a key priority for the organisation and presents challenges in the climate of reduced local authority funding.

Healthwatch Blackpool aims to gain charity status in 2016 allowing it to compete for projects and additional sources of funding. This will require skills which Empowerment has within its organisation, however Healthwatch Blackpool must ensure that the work it bids for is appropriate and falls within the broad definition and focus on gaining service user feedback. This may impact on the amount of bids Healthwatch Blackpool can compete for, as it must ensure the projects it successfully gains are appropriate for the organisation and is in line with its purpose and KPI monitoring standards. This limit may impact upon the breadth of sustainability options for the organisation.

The organisation will develop a paid service, in order to allow services to request independent reviews for a fee. This requires the creation of a robust business model and promotion of services.

Healthwatch Blackpool is approaching Healthwatch England in order to find other Local Healthwatch in similar circumstances in order to gain a good outline of how the service should be operating in these conditions.

6. KPI and monitoring

The summary below contains the details of the KPI reporting standards set by Blackpool Council for the year 2015/16. Blackpool Council will meet with Healthwatch Blackpool in a contract review to formalise KPI and monitoring standards over 2016/17.

To monitor progress and measure outcomes and impacts the framework will apply a RAG rating, defined as follows:

- **Green –** The outcome/impact will be / has been achieved
- **Amber** – Progress towards achieving outcome/impact made
- **Red** – The outcome/impact will not be achieved or work has not yet started

For **Green** the commentary should include summary of progress if the outcome/impact has been completed and achieved
For **Amber** the commentary should include a summary of what has been achieved to date, remedial action if the outcome/impact is not on track and what progress is proposed in the future – this may include an amendment to target with a clear rationale as to why the change is required
For **Red** the commentary will provide a summary of why the outcome/impact has not been met or an indication of when activity will commence

1. Number of People accessing Healthwatch Blackpool
2. Demand Management and Response Time
3. Diversity of People accessing Healthwatch Blackpool
4. Diversity of Healthwatch Blackpool - representation to reflect local communities and their needs
5. Increase in people being heard - the extent to which people feel confident to speak up for themselves and to be heard as a result of intervention by Healthwatch Blackpool
6. Increase in awareness of service available and people's rights, - the extent to which people are able to access services appropriately as a result of support received from Healthwatch Blackpool
7. Increase in choice and control – the extent to which people feel they are involved in planning their own care support and are in control of their own decisions as a result of support received from Healthwatch Blackpool
8. Changes in Health and Social Care Provision attributable to Healthwatch Blackpool activity
9. Changes in strategy and policy decisions attributable to the evidence provided by Healthwatch Blackpool

Progress against agreed KPI's for the period	**Evidence**
1 Number of People accessing Healthwatch Blackpool Monthly bulletin sent out to 305 individuals by post or email and 165 organisations. We have engaged with the following numbers of people through social media; Twitter: From August (when we got the passwords) Our followers have grown from	Membership database

1,110 followers to 1,236 followers. And our tweets were read 64,273 times Facebook : We have had 89 more likes and 18,365 people saw our posts. Website : We have had 4,384 visitors to our new website between August (when we launched it) to April 2016 We have held monthly information stands at a variety venues including the Primary Care Centres, Walk in Centre, Victoria Hospital, The Harbour and Central Library. These are primarily about increasing awareness of Healthwatch so it is difficult to quantify how many people we have spoken to but we have gathered 18 concerns/views in addition to the targeted work detailed below. We have engaged with the following numbers of people through our range of reviews/consultations; • General consultation about priorities – engaged with 442 people • Maternity – engaged with 90 people • Outpatients – engaged with 64 people • CAMHS – engaged with 15 people • 11 individual care homes – engaged with 96 residents • Mental Health – engaged with 97 people • Dentistry – engaged with 100 people • Children and Young People's Emotional Wellbeing – engaged with 207 CYP • Domiciliary Care – engaged with 98 people • CAMHS – engaged with 15 people • End of Life care – engaged with 5 people • Urgent Care – engaged with 61 people • The Harbour – engaged with around 30 people • Substance misuse services – Engaged with 33 people	On-line Analystics Diary entries Consultation reports which can be found at www.healthwatchblackpool.co.uk

• MacMillan/Healthwatch On Tour – engaged with 25 people with learning disabilities We have presented our findings to the Health and Wellbeing Board, CCG Governing Committee, CQC, Lancashire Care Foundation Trust, Blackpool Teaching Hospitals, NHS England, Blackpool Safeguarding Adults Board and other key stakeholders either personally or through our reports which are also available on our website at www.healthwatchblackpool.co.uk Community radio campaign launched to increase awareness and promote HW Blackpool We have received 22 concerns over the period. These are classed as those who have telephoned/emailed or completed our on-line form to advise us of an experience they have been unhappy with. These are logged onto our CRM which enables us to track and analysis any trends	We have established a new CRM (Customer Relationship Management) database through Healthwatch England which enables is to record/track and log views/experiences and print customised reports with demographic data.
2: Demand Management and Response Time To be discussed at contract review	
Diversity of People accessing Healthwatch Blackpool Wherever possible we do record demographic data for analysis but it is not always appropriate or sensitive to ask. For example, we recently conducted a series of care home reviews and we felt it would be intrusive and unnecessary to ask people for their age and ethnicity. We do have the following data available which does not represent ALL of the people we have spoken to, just those who have been asked or indicated the following; **Ethnicity** White British = 787 people White Other = 28 people Asian = 3 people Black Caribbean = 3 people Chinese = 2 people Polish = 1 person Mixed White/Caribbean = 7 people Mixed White/Asian = 5 people **AGE**	Demographics recorded onto survey monkey

11 = 55 people 12 = 13 people 13 = 41 people 14 = 44 people 15 = 30 people 16 = 13 people 17-24 = 23 people 25-34 = 97 people 35-44 = 97 people 45-54 = 110 people 55-64 = 96 people 75-84 = 63 people 85-94 = 21 people Over 95 = 1 person **Sexual Orientation** Heterosexual = 75% Bi-Sexual = 3% Lesbian = 3% Gay = 3% Prefer not to say 16%	

4 Diversity of Healthwatch Blackpool - representation to reflect local communities and their needs The workplan was based on the views of the local community with regard to what they felt should be the priorities for Healthwatch Blackpool. We have covered a diverse range of subjects over the 12 months we have held the contract which have involved 1:1 interviews, focus groups and on-line and postal surveys. We have developed a new website which is easy to navigate and has options for different languages, fonts and styles to make it more accessible	Original data available with regard to consultation responses,  Consultation Report Final.docx cumulative report is attached.
5 Increase in people being heard - the extent to which people feel confident to speak up for themselves and to be heard as a result of intervention by Healthwatch Blackpool We have produced 21 individual reports to date on a wide range of service areas. All of these have been based on the views of the people who use the services and local residents. Our reports have all been shared on our website, promoted through twitter/facebook/membership. We have also sent them to; providers and commissioners of appropriate services • NHS England • CQC • Scrutiny Committee • Health and Wellbeing Board • CCG • Adult Social Care • Lancashire Care Foundations Trust • Victoria Hospital • Healthwatch England We presented the findings of our mental health report to the scrutiny committee in December who challenged LCFT, MH Commissioner, BTH on the findings. They provided a response to the areas where there were concerns, some of which plans have been put in place to address. HW	All published reports are available on our website. Some of the reports are still in DRAFT form as we await comments from providers/commissioners so they have not been attached. Once approved they will be found on our website at www.healthwatchblackpool.co.uk. Drafts include: Substance Misuse Report Accident and Emergency Report MacMillan and Healthwatch on Tour report.

Blackpool will be going back to the committee in 6 months with a further review.	
6 Increase in awareness of service available and people's rights, - the extent to which people are able to access services appropriately as a result of support received from Healthwatch Blackpool We have developed a new website which is easy to navigate and has options for different languages, fonts and styles to make it more accessible. We have links to health and social care organisations and are developing additional information pages based on the most common issues/concerns that people present with. For example there is a dedicated page explaining how people can make a complaint for a range of health and social care services, there is also a page about end of life choices We have a strong presence on social media as indicated previously in this report and have regular tweets/posts with relevant health and social care information/local campaigns. We are linked closely with the CCG and various other agencies who provide us with useful information that we tweet/post	Website analytics Twitter & Facebook accounts
7 Increase in choice and control – the extent to which people feel they are involved in planning their own care support and are in control of their own decisions as a result of support received from Healthwatch Blackpool We have had 4,384 visits to our website since we launched it in August which provides information about health and social care to enable people to understand their choices and how to contact us for further information, advice and signposting Our care home reviews demonstrated an increase in choice and control for many residents. Not only were the able to speak with an independent service, there were many improvements made to the service they received allowing them more choice and control over issues such as activities and food.	Website analytics
8 Changes in Health and Social Care Provision attributable to Healthwatch Blackpool activity We are still awaiting feedback from many of our reports. Our mental health report was taken to the scrutiny committee and as a	All reports are published on our website

result MH providers need to report back in 6 months about the improvements they have predicted to make. We have disseminated the outcome of our report and the response of mental health providers to our membership, on our website and through social media. Care homes have made improvements for residents including the hiring of Activities Co-Ordinators, amendments and improvements to food rotas including the variation, choice, and, and the introduction of more activities in the home. Substance Misuse services at The Hub have committed to starting a group session for young people.	
9 Changes in strategy and policy decisions attributable to the evidence provided by Healthwatch Blackpool It's still early days for us yet and can't profess to have made changes in strategy and decision making but we are making our presence known and contributing information from a wide range of sources and a wide range of meetings including having a seat and a regular presence at the Health and Wellbeing Board, CCG Governing Committee. • Our reports are shared widely with commissioners and providers. • We are working with commissioners/providers to identify ways of engaging effectively and feeding through to the commissioning of services. For example; we conducted a review of Substance Misuse services which is about to be retendered. We have also completed a review of CAMHS which will feed into the local transformation plan. • Our mental health report was taken to the scrutiny committee and as a result MH providers need to report back in 6 months about the improvements they have predicted to make.	Health and Wellbeing Board Minutes Reports on Healthwatch Blackpool Website Scrutiny Committee minutes

Outcomes achieved for the period (indicate if these are short, medium or long term)				
Outcome	**Term**	**What we can do to achieve the outcome?**	**How do we know we have achieved the outcome?**	**RAG**
Governance (form systems and management arrangements, learning and skills)				
Board membership includes a range of essential skills and knowledge	**Short**	A refreshed Board has been appointed, and will be taking full effect from May 2016.	As part of the induction process the board will need to complete a skills audit which will be analysed and documented. Board will be functioning cohesively	
Initial outcomes are met and development of skills will be undertaken to further improve performance	**Medium**	The board will work with HWB to develop the strategy and priorities for the forthcoming year (April 2016) based on identified local need from a range of sources. The board will receive regular updates on work undertaken	The work we do will directly influence the commissioning of services And Improvements in service delivery as a consequence of local views and experiences as presented by HWB	
Finance (financial management, use of resources, sustainability)				
Public funds are managed responsibly	**Medium**	Currently the funds are managed as part of Empowerment's financial controls. Each of our individual projects/services has their own set of itemised accounts that details all income/expenditure. This is managed by the service manager and reviewed by the CEO and Board of Trustees bi-monthly. From April we need to have a separate bank account opened which will be managed by Empowerment for Healthwatch Blackpool. Will need to review financial policies	Budget will be managed responsibly with full accounts available for inspection. Stringent financial procedures and robust accounting	
Operations (influencing, information, signposting, being a community voice)				
HwB have an understanding of the communities we serve	**Long**	HWB have a strong local presence and hold regular information sessions in a range of	Increase in numbers of people who know about Healthwatch Blackpool	

and work inclusively.		venues to speak directly with members of the community. HWB improves the numbers of people actively sharing their experience on our website HWB analyses the demographics of the people responding to our “calls for action” such as social media campaign, surveys, consultations to ensure that the respondents are representative of the demographics of the local community. Campaigns that target “seldom heard” groups to gather their views Development of the community networkers who feed information into HWB about their local community, groups and meetings they may attend	and the aims of the service. Increase in numbers of people contact Healthwatch Blackpool to share experiences Increase in numbers of people who seek support from Healthwatch Blackpool with regard to information, advice and signposting for health and social care issues. Increase in numbers of people from “hard to reach” communities Increase in feedback from local community groups	
HwB are a respected voice on the Health & Wellbeing Board and they have a clear understanding of our role and the consumer voice.	**Short**	Need to develop stronger communication between HWB and chair to enable the views of the local community to be represented effectively at meeting.	Healthwatch Blackpool’s views are sought and listened to with regard to Health and Wellbeing Boards priorities and strategy.	
Relationships (community, key partners, providers)				
HwB have channels of communication with commissioners and service providers of older people	**Long**	We have developed good working relationships with providers and commissioners. We have sought support and advice from	Collaborative working with providers/commissioners. Improvements in service delivery as a result of intelligence received from	

		commissioners/providers when undertaking reviews to ensure that the information is informative and beneficial. All reports are shared with providers/commissioners We have developed a relationship with CQC including Adult Social Care lead and have a reciprocal arrangement with regard to the sharing of information about care homes and older peoples services	Healthwatch Blackpool.	
HwB understand safeguarding issues both for children, young people and older vulnerable groups Local Adult Safeguarding Boards understand role and remit of Healthwatch	**Long**	All staff and volunteers are fully trained in safeguarding. Robust procedures in place for safeguarding concerns. CEO of Empowerment represents HWB on safeguarding board.	Regular attendance and involvement on Adult Safeguarding Board	
HwB have a mutual understanding of the Council as a Health Scrutiny Body	**Long**	We have developed a good working relationship with the scrutiny committee. Reports shared with the scrutiny committee. HWB present to the scrutiny committee twice per year.	Reports are understood and actioned as appropriate HWB held to account for the work they undertake	

Date: 10/05/16
Time: 11:15:35

Empowerment Charity

Nominal Ledger Departmental Analysis

Nominal Code From:	4000	**Tran No From:**	1
Nominal Code To:	99999999	**Tran No To:**	99999999
Tran Date From:	01/04/2015	**Dept No From:**	82
Tran Date To:	31/03/2016	**Dept No To:**	82

Department Number : 82 **Department Name :** Healthwatch Blackpool

N/C	Name		Debits	Credits	Balance
	Contractual Income			63000.00	-63000.00
	Advertising		1235.00		1235.00
	PR (Literature & Brochures)		2142.36		2142.36
	Event Costs		10.02		10.02
	Group Supplies		24.52		24.52
	Refreshements Costs		74.89		74.89
	Use of rooms rental		255.00		255.00
	Mileage and Parking		1278.03		1278.03
	Rail Travel		154.60		154.60
	Taxi and other public transport		12.00		12.00
	Printing		1161.86		1161.86
	Postage and Carriage		506.14		506.14
	Office Stationery		74.00		74.00
	Internet		43.06		43.06
	Mobile Charges		1.20		1.20
	Trustees Expenses		20.00		20.00
	Gross Wages		38103.18		38103.18
	Employers NI		2642.36		2642.36
	Recruitment Expenses		118.80		118.80
	DBS Checks		104.00		104.00
	Training Costs		100.00		100.00
	Finance overhead		1952.88		1952.88
	Office expense		2294.64		2294.64
	Premises Costs		2402.05		2402.05
	Professional Fees		1093.61		1093.61
	Governance cost		331.99		331.99
	ICT costs		1400.00		1400.00
	Professional Fees		1900.00		1900.00
	Total for Dept.	**82**	59436.19	63000.00	-3563.81

Financial summary:

Over the past financial year Healthwatch has ended in a strong position. The only underspend is the wages for the new manager post which was planned to be appointed in February, and so the costs are allocated in February and March.

In December 2015 Blackpool Council confirmed that an additional allocation of £21,346 was to be available to support additional Healthwatch activity as follows:

- 2015/16 £5,000
- 2016/17 £8,173
- 2017/18 £8,173

When Empowerment first took over the contract there was a £33k under spend in Healthwatch Accounts, leading to the Council requesting this money be repaid. It may be expected that Blackpool Council will request back any large under spends.

Printing and postage costs have been high over the past financial year. This is largely due to the monthly full colour newsletter being sent by post to over 130 people. From December 2015 the newsletter is quarterly, and physical printed copies have been reduced following a feedback survey requesting if members would like to continue receiving the newsletter.

The PR costs are the result of a large volume of leaflets and posters (additionally the annual reports) being printed in order for Healthwatch Blackpool to be able to better inform the public of its purpose and be visible in health and social care settings. Part of this spending also went towards a 2 page spread in The Gazette. It also commissioned a radio advert to be played, however it has been difficult to know how much interest this has generated.

In 2016/17 Healthwatch Blackpool will be required to monitor its scale of printing and PR spending over the financial year, whilst also looking into additional sources of revenue. Although the local authority is compelled to fund a local Healthwatch, it is anticipated that the level of Local Authority funding will not be maintained, and may reduce. In order to make Healthwatch Blackpool sustainable it will move to gain charity status and competitively bid for funded projects. Alongside this Healthwatch Blackpool will create a separate revenue stream from services requesting independent reviews.

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Report to:	**HEALTHWATCH BLACKPOOL**
Relevant Officer:	Mark Towers, Company Secretary
Date of Meeting	17 May 2016

APPOINTMENT OF AUDITOR

1.0 Purpose of the report:

1.1 The purpose of this report is to consider the appointment of an external auditor of accounts.

2.0 Recommendation(s):

2.1 To consider appointing an external auditor of accounts.

3.0 Reason for Recommendation

3.1 To comply with the guidance from the Department of Health and the Local Government Association.

4.0 Formation of Healthwatch Blackpool

4.1 The Council formed Healthwatch on 23 September 2012, effective from 1 November 2012. It was formed as a company limited by guarantee, a body corporate, ready to carry out statutory functions that are contained in the Health and Social Care Act 2012.

4.2 The DH/ LGA publication – 'Developing Effective Local Healthwatch' states that:

A Local Healthwatch is expected to demonstrate accountability by a minimum of:

- an annual meeting, open and accessible to local stakeholders/ members
- an annual report
- audited accounts available for public inspection
- published organisational governance structure chart.

List of Appendices:

None.

5.0 Financial and Legal considerations:

5.0 Accounts are prepared to fulfil the Directors duty to present audited accounts each financial year.

6.0 Other considerations:
(Performance, Risk, Human Resource and Equalities)

6.1 It is considered good practice to have the accounts audited.

7.0 Consultation with Volunteers (if appropriate)

7.1 No consultation was appropriate with this item as it is a procedural decision.

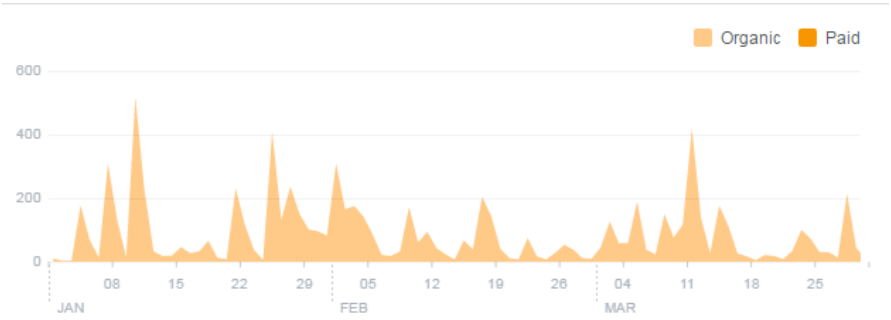
Report to:	**HEALTHWATCH BLACKPOOL**
Relevant Officer:	Steven Garner, Healthwatch Blackpool Manager
Date of Meeting	17 May 2016

OPERATIONAL LEADS' REPORT

1.0 Social Media and Website Engagement for Quarter Four:

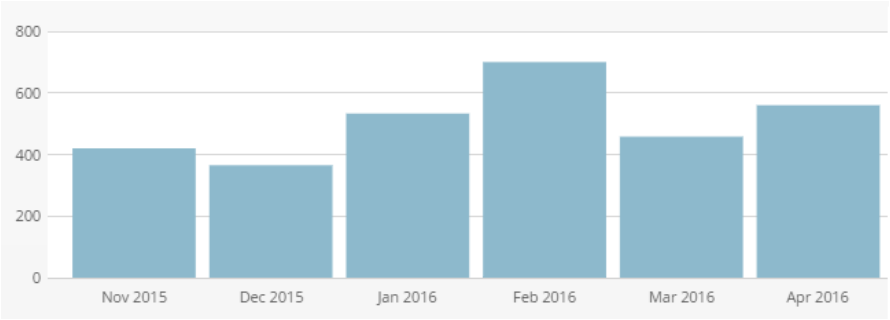
1.1 **Facebook**

As Graph One shows, we have had regular good reach from our Facebook page, a total reach of 7630 people. Our most popular posts are multimedia posts, which make use of tagging, hashtags and use picture/ video media. Facebook is not as success as the Twitter page and at present we do not make use of any paid targeting, which is something which will be looked into.



1.2 **Website**

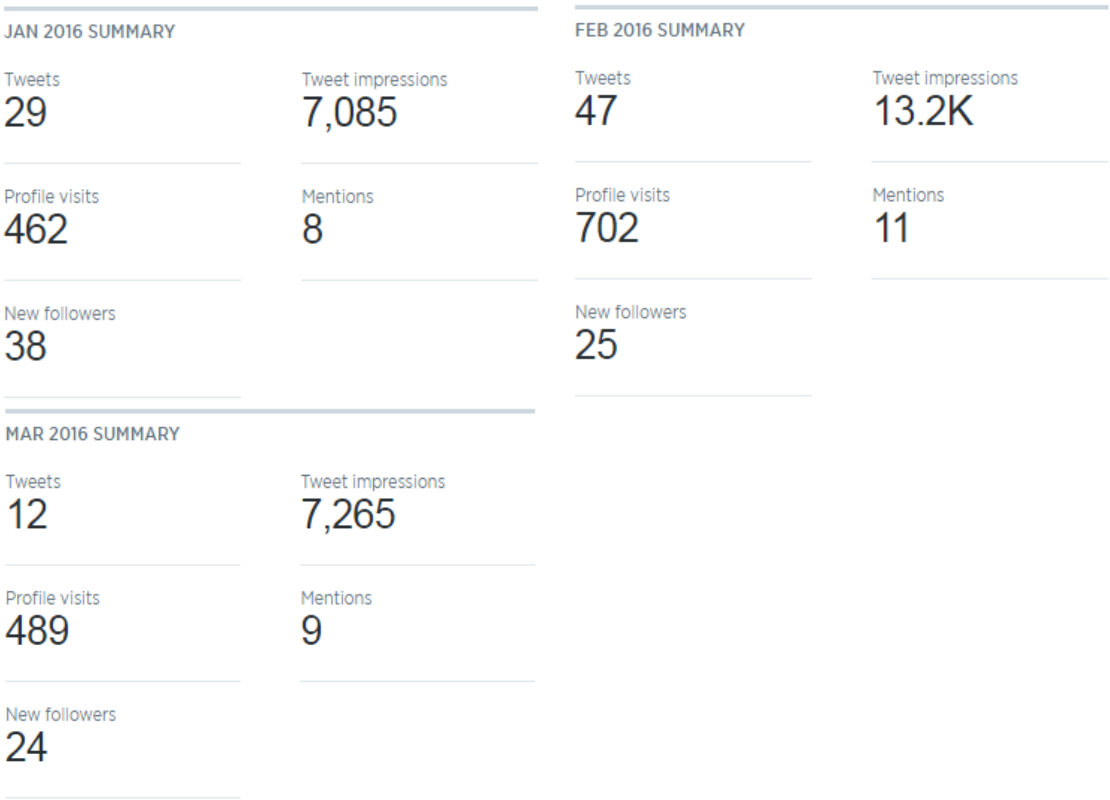
As Graph Two shows, we have a consistent visiting rate to our website. We mainly get new visitors (about three quarters), which is good. During the last month we had **560 visits**. The average person spends two minutes and six seconds on the site, which is above average and suggests the site is easy to navigate and data is easy to understand. The most popular page was our homepage with 41% of visitors and our publications page which has 12%. People sent on average one minute 21 seconds on the pages.



1.3 **Twitter**

Twitter is our main method of talking to people online. We average a good number of new followers each month to our Twitter feed and a good number of "Impressions", which indicate our reach. We try to increase reach whereever we can through the use of hashtags and tagging other agencies, often making posts centered around national awareness weeks/ days. The Twitter feed regularly retweets the posts of other agencies such as Blackpool Teaching Hospitals, Blackpool CCG, Blackpool Council, Carers Trust, Age UK Blackpool etc., resuting in good symbiotic relationship. We also post oringinal content inviting people to see our newly published reports and include multimedia posts including pictures and videos to increase our visibility.

There were fewer tweets posted in March, which we attribute to two weeks of staff holiday. However, the multi-media use of tweeting demonstrates that although numbers remained low, the reach and number of new followers was still around the monthly average.



2.0 Reviews/Consultations

2.1 January

The final Accident and Emergency Report, which has been sent to the Head of Urgent Care for response is attached at Appendix 10(a) for information.

2.2 February

The Harbour Conversation is a joint piece of work conducted with Healthwatch Lancashire, who took the lead on the project. This report is still being produced, but we hope to be sent a copy before publication. We visited The Harbour over three days and went into wards to ask people about their care. We asked how they felt about the staff, if they felt safe and if there was anything that was concerning them.

2.3 March

The Substance Misuse report, which has been sent to Horizon for response, is attached at Appendix 10(b) for information. The Hub has responded regarding Young People's services, Horizon is anticipated to respond regarding adults services.

The Healthwatch/MacMillan On Tour report, which has been sent to Macmillan for feedback, is attached at Appendix 10(c) for information.

2.4 April

Three PLACE assessments were undertaken at Blackpool Victoria, Spire, and Clifton Hospitals.

3.0 "Voices"

The number of individual concerns that have been logged with Healthwatch Blackpool is still very low and we hope with our increased presence in Victoria Hospital, the Library, The Harbour, the media and whilst proactively soliciting views for our targeted work that people will begin to contact us directly with concerns

In the last quarter, four concerns were raised regarding the closure of Hoyle House, a 29-bedded service for those who suffer from dementia. Within this service was the only place in Blackpool, which held four respite beds for carers who wished to stay overnight. Upon closure of Hoyle House, this left no overnight carers respite in Blackpool. We contacted the Council who informed us that overnight respite was being made available in two care homes, resulting in four rooms, which was much more financially viable. The closure of Hoyle House will form part of our reviews into Dementia Services, which we aim to conduct in the next 12 months.

We received one concern, which was about prescriptions, stating that Pharmacies will be

"*refusing to prescribe a patient with nesisary perscriptions to aid in the ongoing & lifelong detremental treatment of medically proven symptoms & affects attached to illnesses, traumas, conditions, diseases, intolerances & allergies*".
This respondent did not leave contact details and so we could not investigate this issue any further.

In March, we received two concerns, one was regarding dental treatment in Lancashire and we forwarded this person the details for Healthwatch Lancashire and some information on complaints procedures. The second concern was an inquiry regarding advocacy support, which was forwarded to Empowerment advocacy services. We have also had an increase in information requests from CQC regarding care homes and domiciliary care home providers. The breadth of the last year's work has given us more information to share with partners and strengthen links with CQC. We will be once again promoting our "Share your experience" page in order to increase the number of concerns we receive.

4.0 Next Steps for May and June

4.1

- Healthwatch Blackpool will be organising a plan of work for 2016/17, which will detail the results from our public consultation and define our work over the next 12 months.
- We will be taking part in the Dementia Friendship Support Network Blackpool to Brighton bike ride
- We will be looking into GP access and range of services. This issue has come up over several of our reviews in the last year and will form part of the 2016/17 plan of work.
- Attend Annual Conference in Nottingham

5.0 Dates for the diary

5.1 Details of the Annual Conference can be found using the following link https://registration.livegroup.co.uk/healthwatchannualconference2016/
The venue will be the East Midlands Conference Centre, Nottingham on Thursday 9 June 2016 (View Agenda) and Friday 10 June 2016 (View Agenda)

Blackpool Victoria Hospital
Accident & Emergency review

January 2016

Healthwatch Blackpool

Contents

1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	Accident & Emergency, Blackpool Victoria Hospital
Service Provider	Blackpool Teaching Hospitals
Dates of Visit	28th & 29th January 2016
Researchers	Steven Robinson, Steven Garner, Valerie Pemberton, Kim Rushton and Anish Verma
Healthwatch Blackpool Contact details	0300 32 32 100 (opt #7)

1.2 Acknowledgements

Healthwatch Blackpool would like to thank the service provider, service users, visitors and staff for their contribution to this consumer review. We would also like to thank Healthwatch Lancashire for their support.

1.3 Disclaimer

Please note that this report relates to findings observed on the specific dates set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

2 Purpose of the visit

In April 2015 Healthwatch Blackpool surveyed Blackpool residents to discover issues they have with health and social care services. We received many responses sharing both positive experiences of Blackpool Victoria Hospital's Accident and Emergency department. We wanted to speak to people attending A&E to learn more about their experience, why they attended and if they were aware of or had considered any alternatives.

There is also a national "*Think! Why A&E?*" campaign to reduce demand on A&E admissions, with many signs at the hospital. It suggests people take the following actions:
Contact 111 to seek general advice or have fever/rashes
Visit walk-in centres for sprains, strains, cuts and itches
Visit the pharmacy for prescription refills/diarrhoea/stings
Visit GP for back aches, blood in pee etc.
Self care for colds and sore throats
Visit A&E for difficulty breathing, chest pain, and life threatening illnesses

2.1 Methodology

Healthwatch Blackpool wanted to learn why people chose to come to A&E. Were they told to by another medical professional, through a call centre such as 111 or were there other reasons that influenced their choice? There are many reasons why A&E isn't always the most appropriate place for medical issues and the campaign by the NHS reflects this. Healthwatch Blackpool felt that while the accident and emergency department at Victoria Hospital is situated in Blackpool many of the residents who attend seeking help and support come from the Fylde coast. Therefore we invited Healthwatch Lancashire to join us on this piece of work, who assisted in the delivery of the review.

Blackpool Victoria hospital operates a unique accident and emergency department. On arrival you are triaged by the reception into more 'traditional' A&E services or primary care, an appointment based afterhours service. This triage is done by using a computer algorithm to work out the best place for a particular patient to go based on their needs and as much medical history available. NHS 111 operates a similar system where the caller is asked several questions and then either sent to accident and emergency or if available given a primary care appointment.

After a planning session with Healthwatch Lancashire and some discussion with the hospital and Fylde Coast Medical Services (the service provider for A&E and primary care), we felt that we should visit primary care as well to ask why people attending this service also decided to attend the hospital. Using this approach we would reach as many people as possible. We visited Blackpool Urgent care centre (A&E and primary care) over 2 days at 3 different times.

Thursday 28th January 2016	13:00 – 17:00 and 18:00 – 20:00
Friday 29th January 2016	09:30 – 13:00

We designed a questionnaire to discover patient's knowledge of what choices available to them. We did not supply answers to these questions to respondents, however we did have a prompt list. This way we could also ask respondents if they were aware of other services enabling them to indicate if an option was previously unknown to them, or if they did not consider it an option for themselves. We designed the questions to act as prompts and conversational starters. While it was not our intention to make recommendations or ask questions about the staff or the quality of service, we included a question about any changes they did have that might make people choose other alternatives to A&E.

We did not want to discuss individual patient illnesses or conditions as we felt the waiting area was confined and privacy should be respected. We also ensured all our volunteers and staff were DBS cleared and fully briefed on patient privacy and respect. We maintained a table at the entrance and had volunteers in the 3 waiting rooms around the hospital: A&E waiting room, Primary care, and the Children's A&E waiting room.

The questions we asked were:

- We don't need the exact details of your condition but in your opinion do you feel that Accident and Emergency is the best option for you at this time?
- What other NHS options are you aware of that you could also use?
- Did you contact any of the above before coming to A&E?
- Would you consider using other NHS options next time you have a medical emergency?
- Do you have any suggestions or changes that you feel would improve patient experiences or reduce people going to A&E?

2.2 Results of our visits to Blackpool Victoria Hospital Accident and Emergency department

During the 3 days we attended A&E we spoke to 61 people.

Do you feel A&E is the best option for you at this time?

85% - Yes

15% - No

"I had a bad experience at the other services"

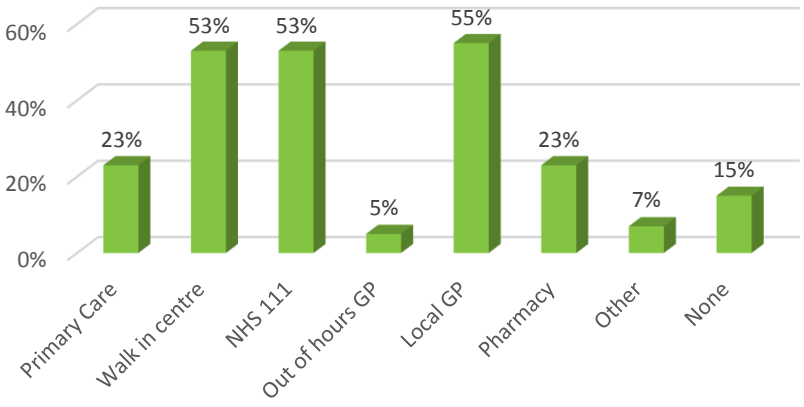
"I wanted my GP but couldn't get an appointment so I rang 111 and they said to go to A&E"

Around **20%** of the people we spoke to told us they only attended due to the hospital having an x-ray facility.

"If the walk-in [centre] did x-rays I would have gone there."

"I wanted to go to Fleetwood [Health and Wellbeing Centre] but was told by 111 to go to A&E."

What other NHS options are you aware of that you could have also used?



"111 asked me irrelevant questions. I wanted to go to the walk-in centre. …I wouldn't use any they're useless."
(User of 111 service)

The majority of people knew at least 3 different services they could potentially access in the event of them requiring medical treatment. 75% of people indicated to us they were aware of both the walk in centre ***and*** their GP as options for them to use.

Did you contact any of the above before coming to A&E?

66% of people *did* contact an alternative before visiting A&E and were told to attend. Several respondents expressed frustration about visiting places they didn't intend to go. Many of those who wanted to go to the walk-in centre or to their GP were unable to do so for several reasons such as lack of availability for brief or same-day appointments.
(Please see feedback comments on page 7 for further information)

We asked people to tell us if they were told to come to A&E. We wanted to know who told them to attend. Of those who were told by other services to attend:

- **70%** told us they ended up in A&E because they contacted 111.
- **1 in 10** said they were told to attend by their GP.
- One individual told us that due to the difficulties parking at the walk-in centre they were left with no choice other than come to A&E.
- Some respondents said they felt they needed an x-ray which meant they couldn't go to the walk-in centre.
- The remaining had been sent by hospital departments due to no beds or as a medical emergency.

70% of people said that 111 told them to attend A&E. Many of those said that 111 ***always*** sent them to the A&E department when that rang them.

We only saw 10 people from Primary Care, all of whom had called 111 before attending.

Would you use NHS alternatives next time you have a medical emergency?

Overwhelmingly **80%** told us they *would* use NHS alternatives the next time they had a medical emergency. Many people were either concerned about the long waiting times, guided by their preconceptions and experiences of A&E departments or more informed to weigh up their options.

"I phoned the GP, they told me to come into the walk-in centre so I phoned 111 to get an appointment. They sent me here [to A&E]. There is a perception that A&E is full of drunks and people on drugs so I really didn't want to come here."

"[I'd like] more awareness of other services. We wouldn't be here if we knew of somewhere else."

"No, I'd never use 111. They just say go to A&E. I'd prefer not to use out of hours [services] so I came here. I'm not satisfied with 111 [or] the emergency GP. I'm not satisfied they gave me an antibiotic which I'm allergic to."

"If I needed an x-ray I'd go to A&E.
If I didn't I'd go to the walk-in centre."

"I'd use the walk-in [centre] but I don't know enough information about it… is it open on the weekends?"

Many of the 20% who said they would go straight to A&E told us they would do so because they have had a bad experience with the other services. We were often told that '111 just send you to A&E so why bother ringing them'. Other told us they didn't have enough information or they felt A&E was the best choice for their situation.

Do you have any suggestions or changes that you feel would improve patient experience or reduce people going to A&E?

Many of the people we spoke to on the day told us if they could get better access to their GP, an x-ray at the walk-in centre and more information and awareness of the other services they'd consider them in the future and not attend A&E.

55% of the people that we had spoken to considered their GP before attending whilst **10%** were sent by their GP. People felt that if they could get a GP appointment on the same day they wouldn't have come to Accident and Emergency.

Many of the people we spoke to were attending due to suspected broken bones, especially in the children's waiting room. They felt their experiences could be improved if the waiting room was more grown-up and not just for toddlers, as well as x-rays being available at the walk-in centre.

"If we could get quicker GP appointments that'd help. But every time we phone 111 they tell us we have to call back after 6:30 for us to get an appointment with out of hours."

"Same day appointments at the GPs"

"GPs could be open on weekends. They can't expect you to get Ill or injured just when they are open."

"Very small waiting area. [There is] no immediate parking for people coming to A&E; it's on a hill which is hard for people with poor mobility."

"I went to the walk-in centre, their x-ray service was closed so I had to come [to A&E]. I had to be seen before they told me the same thing: I needed an x-ray. I couldn't go straight to [the x-ray department] which took time. If the walk-in centre x-ray was open longer I could have been seen quicker."

"Waiting times, information and seating. I have to wait to be told I need an x-ray, why can't I just go? I've got a suspected broken bone. I've not been given any other information - I'm standing in the corridor [there's] nowhere to sit."

"Having awareness of what the other services do. Also the schools should of aware of other services. The children's waiting room is very child like the chairs are too small for adults and older children. It's more for babies and toddlers not young people."

What changes could be made that would reduce people attending A&E?

"If the person can't see their doctor quickly enough they rely on the walk-in centre for urgent appointments."

"I'm always told to go to A&E by 111, they should send me somewhere better."

"I would have gone to the walk-in centre but the last time I was there I waited 7 hours. I'd have gone to the GP but can't get same day appointments"

"I only came here because I can't get an appointment with the GP. Even if I phone at 8 in the morning I can't get an appointment the same day."

2.3 Additional comments and anecdotal evidence from attendees of Blackpool Victoria Hospital's A&E department.

"I'm pregnant and I've just moved home. I haven't had time to change my address with my GP or anyone yet. I was worried so I phoned 111 they told me to come here."

"We came in last night but there was a 5 hour wait and she wouldn't have got any pain relief until she was seen. We came back today [the following morning] for an x-ray."

"I've been sat in the corridor in a wheel chair for 4hr 45mins. [I've had] no pressure relief. I've got my carer with me who's having to stay late. I've not been given information why I'm here I was told my blood results would be back in an hour it's now been over 2."

"I was sent from cardiac centre; been here since 12:45 [it's now 18:35], I'm here alone, I've no money or food and I've not been offered any [food or drink]."

"There are no beds free for gastro[enterology] admissions, I was told to go to A&E by the [gastroenterology] consultant."

"I've been waiting for 3 hours just to get an x-ray referral, why have I waited so long?"

"I'm satisfied but it's a long wait, I saw the nurse on arrival. I think we're now waiting to see the doctor but not had further information."

"Parking is a nightmare. However the staff are lovely they even brought me a chair."

"I came in last night but [A&E] didn't give me a bed so they asked me to go home. Then [A&E] asked me to come back at 2pm but they have just given me a scan and I'm waiting for them to find out what my issue is. I went for a chest x-ray earlier but there were no bays so I had to get changed in the toilets. My GP said to come for a scan but I've no idea what I'm supposed to do now."

2.4 Findings

1. It was felt that 111 send too many people to A&E and people were put off contacting them because they felt they knew what they were going to say.

2. Many people attended requiring x-rays, and there appeared to be a lack of knowledge around other services which provide them and when they are available.

3. People with additional care needs and pre-diagnosed conditions such as diabetes were waiting long times without food or drink and didn't have money for machines.

4. People expect waiting times and so they do not wish to come to A&E. They would like information on other services and options.

5. Many people told us the waiting room was full. *(When we visited on the Thursday evening it was very busy and we saw many people standing for hours. This wasn't an issue on the other times we visited).*

6. **75%** of people are aware of both the walk-in centre and their GP. 79% of these said they and would use either of them the next time they need emergency medical care.

7. There was a lot of positive feedback and respect for the staff, with an acknowledgement that they are doing the best job that they can. It appears that time, resources and demand on the service are the main issue for people awaiting treatment.

8. Community health services and other hospital departments do not appear to be joined-up with A&E resulting in a burden on the emergency services. Based on responses given to Healthwatch Blackpool the issues appear to be:
   - A high volume of 111 referrals to A&E. Resulting in pressure on a service which isn't informed or aware of the potential and likely demand it's about to face.
   - Lack of explanations of choice before attending A&E.
   - GP surgeries quickly exhausting their amount of available same-day emergency appointments.
   - An apparent inability for other services (such as GP surgeries, cardiac centre etc.) to make bookings at Primary Care or alternative services to ease the pressure on the urgent care department.
   - 111 are unable to book out-of-hours appointments until 6.30pm.
   - Those told at an alternative NHS services (such as GP or walk in centre) that they require an x-ray, then they attend A&E to wait only to be told they need an x-ray again wasting their time. *(In some cases around 6 hours)*
   - Other in-house hospital services (such as gastroenterology) reportedly sending patients to A&E when they are unable to provide a bed.
   - A lack of communication to the patient between triage, nurse and consultancy stages of treatment and outcomes of results.

This report and its findings have been given to the service provider for a response and actions they will take as a result of them. The response will be provided in the next section.

2.5 Service Provider response

2.6 Demographic information

Healthwatch Blackpool spoke to 61 individuals over the 3 days attended at Blackpool Victoria Hospital.

Age Range	%
Under 16	29%
17-34	30%
35-54	17%
55-74	19%
Over 75	5%

Gender	%
Male	27%
Female	63%

Background	
White British	95%
Asian Indian	3%
Chinese	2%

Substance Misuse Consultation

March 2016

Healthwatch Blackpool

Contents

1 Introduction

1.1 Details of visit

Details of visit:	
Service	Drug and alcohol services throughout Blackpool
Service Provider	Horizon, (ADS, The hub, Delphi medical, Renaissance, COAST)
Date and Time	Throughout March 2016
Researcher	Steven Robinson
Healthwatch Blackpool contact details	0300 32 32 100

1.2 Acknowledgements

Healthwatch Blackpool would like to thank the service providers, service users, visitors and staff for their contribution to this consumer review.

1.3 Disclaimer

Please note that this report relates to findings observed on the specific dates set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

2 What was the purpose of our visit

Healthwatch Blackpool has previously engaged the residents of Blackpool to ask them about any issues, experiences and concerns they have had with health and social care services. We received many responses by individuals who said that substance misuse was a big problem for Blackpool. The majority of residents told us they felt that young people and adults have nowhere to go to get help or access rehab services. Residents of Blackpool indicated that due to Blackpool's high transient population and its reputation for 'party' tourism and culture it can be difficult to get help.

Blackpool has higher than average estimated levels of opiate and crack cocaine use, almost three times the national average. Injecting drug use in Blackpool is also estimated to be considerably higher than average at over three times the national rates. An estimated 28% (40,000) of Blackpool residents drink to hazardous or harmful levels, and there are over 4,500 alcohol-related admissions to hospital amongst Blackpool residents each year.

(Data taken from Blackpool's Joint health and wellbeing strategy 2013-2015)

2.1 Methodology

Healthwatch Blackpool wanted to understand the services that Blackpool residents could potentially access to support their recovery. Healthwatch Blackpool decided to contact Blackpool Council's public health commissioning team to explain we were beginning a review into addiction services. They asked us to contribute to the commissioning process and undertake a review of certain drug and alcohol services. This would allow us to make suggestions based on feedback from services users that would have a direct influence on how services are designed in the future.

Horizon is the drug and alcohol support organisation who run services throughout Blackpool. They are responsible for all the programs available to help the residents of Blackpool. ADS is the recovery and criminal justice provider within Horizon, and Delphi Medical provide the clinical element of support.

We contacted several key people in Horizon Blackpool who arranged for us to come down and speak to people in various stages of recovery. The groups we arranged sessions with were:

- **Renaissance** *(Support group based at Horizon on Dickson road)* - Visited 15th of March
- **COAST** *(Community Orientated Abstinent Structured Treatment)* – Visited 14th of March
- **The Hub** – *(Young people's information and one-to-one support)* – Visited 17th March
- **Delphi** – *(Clinical drug services based at Harrowside)* – Visited 11th of March

COAST *(Community Orientated Abstinent Structured Treatment)* is a 12 week therapeutic community rehabilitation programme which aims to provide structured therapeutic treatment within the community, followed by integration back into society through employment, education and volunteering. Renaissance is a similar support group based at Dickson Road. The Hub helps support young people aged 18 - 25 with their substance misuse issues. The Hub provides community outreach and sees young people is a variety of locations in Blackpool, at their homes or centres. When we visited the Hub, we saw young people at the CONNECT and young people services building in Blackpool town centre.

We saw some people in groups and some on a one-to-one basis. We asked them:

- What in your opinion *is* helping you in your recovery?
- What in your opinion *isn't* helping in your recovery?
- What do you feel would help you in your recovery that you aren't receiving now?

We ran groups sessions with COAST and Renaissance. These were very open discussions around the 3 questions and allowed us learn more about the services the individuals attended. We asked Delphi staff if they could distribute our questionnaires and collected responses. As many of their clients are seen at home we felt it was appropriate to respect their privacy and ask them to fill out a questionnaire. At The Hub we spent a day speaking to young people on a one-to-one basis.

Before all interviews we explained why Healthwatch Blackpool was attending, what our remit is and that the information recorded was voluntary and all the data would be anonymised.

Healthwatch Blackpool saw:

- 5 People at COAST
- 5 People at Horizon
- 11 young people (under 25) at The Hub
- We received 12 handed in responses from Delphi

2.2 Results of our consultation with drug and alcohol clients

Overview & summary

We discovered that clients found it difficult to differentiate between the services that supported them, although this did not have a detrimental effect on their overall experience in fact quite the opposite. This was particularly evident when people were telling us about the drug and alcohol intervention and outreach team based at the hospital. Many we spoke to had been supported by them and were now on the road to recovery in a different group. To clients it was all part of the same service. This accurately represents the fluidity and flexibility of Horizon. Sometimes clients were moved to help support them better, with little or no disruption to their care or support. Often we were told of a particular staff member who had gone above and beyond what was expected by the clients. Many had moved to Blackpool from other places around the UK, and said that the services in Blackpool are better than any they had experienced before. For many it was the '*out-of-the-box*' thinking and their approach to support that meant the difference between recovery and relapse.

"It's cliché to say 'Without this person I'd never have recovered', but in my case it's true".

Everyone we spoke to was extremely happy with the services available and nearly everyone told us the only change they'd suggest is more awareness of the services offered at a GP level and for the general public. The only other common suggestion or criticism of the service was the fact that some of the groups were mixed with people in different stages of recovery. Many said that the addictions of alcohol and drugs were very similar and people were battling the same social issues, so they had no problem with being in groups of other or different drug or alcohol addicted clients. The issues they did have were that some groups require abstinence whilst others do not, and these groups can sometimes meet together. This caused discomfort and issues with some people and it was felt that it wasn't helping their recovery.

"It's difficult not to think about getting a drink when you can smell it on someone else."

In your opinion what is working and helping you to recover?

COAST

Many of the individuals who we spoke to at COAST told us that the outreach team's* efforts and the detox houses are instrumental in their recovery. All of the individuals we spoke to had been contacted by a staff member called Tom who they said they were extremely thankful as he had *'supported them from day one'.*

**Horizon's outreach team based at the hospital*

"You can fill your weekend and week days - you're less likely to drink if you're busy."

"They work with us at our pace."

We asked how the service supported them and what they thought had helped them the most. One person at the group session said people who get the aftercare and detox are far less likely to re-use. The group agreed with this statement.

We asked the group what else they thought was key to them abstaining from substances and preventing relapse. Overwhelmingly it was the activities available. Many said it wasn't the activities themselves but the social aspect of COAST that really helped. Many said they were too busy in the mornings, evenings and weekends to even think about drink or drugs, and that being around people who understood was a key part of their recovery. These activities are a vital part of recovery for the group we spoke to and without them the group all said they feel they may have relapsed.

"I've been through detox before but this wasn't as regimental, it's more relaxed and without the detox and COAST I'd never have got sober."

In addition the group valued the key elements of the programme itself. They felt the *'3 strikes and you're out'* rule was firm but fair, and that the 12 weeks was flexible and reflective of the understanding the staff have of the nature of addiction. Some said they felt that the 12 week programme isn't enough but they have been reassured that there is still support after this time, so they are confident that they will recover and not relapse. The group also told us that they had been supported to set up their own successful peer group (Blackpool's *Enough is Enough* group), stemming from an idea one of the clients had. This means clients have a room and a space to support one another which they wouldn't have had without COAST. As before they said this keeps them from relapsing and has allowed people to control their addictions as well as help others.

"People aren't just left without support."

Renaissance

The outreach team (based at the hospital) were again mentioned when we visited Renaissance. The encouragement and support to help *'recover when you're at your lowest'* was the reason many people had stayed clean and recovered. Many said it was the best part of the service they received so far. The service tries to find and contact those who do not attend meetings and do not judge. This was very important to the clients. They also said that the morning support groups were best. Other things the group liked were the activities such as the board games.

"They challenge us to get things off our chest but are really informal."

"They give you hope."

Many reflected what was said about the COAST group, as some had been to both services. They felt the services worked very cohesively together and the attitude and dedication of the staff was paramount to their recovery. The outreach team in particular played a massive role in supporting everyone we spoke to at COAST and the group at Renaissance.

The Hub

The Hub's approach to young people is on a one-to-one basis and it is this method that many of the people we spoke to preferred. The clients at the hub all told us that staff cared and often went out of their way to do extra holistic work to keep them on a path to recovery. All the staff were singled out by name as being very professional but firm.

"It's somewhere I can go where I'm not judged and receive personal help. They understand and I feel like they care."

The young people told us the service supports the person not the addiction, and some said that they never thought they would be as far in recovery or abstinent as they were. One client told us they suffered from anxiety and depression and had severe body issues. A member of staff went out and helped them pick clothes so they didn't feel like people look at them and thought they were a drug and alcohol user any more. These small impactful actions contributed to positive mental wellbeing for all the people we spoke to and also helped keep young people off drugs and alcohol.

"Wayne listens to me and is helping me get back in education. They also help with other things that got me on drugs in the first place."

As with COAST the young people are encouraged to volunteer and get into work or education. Many come from challenging backgrounds and told us it was their environment that was the biggest barrier to overcome. Volunteering helped them do something worthwhile and education allowed them to plan for the future. This was very important to the young people as the majority explained that no-one had ever supported them before.

"They've given me printed schedules for all my appointments, meetings and other things I go to, [it helps with clients' OCD] and I've cut down my drug intake to a level that I'd never dream of. My care plan is progressive yet challenging and they've been there each step of the way."

"The best thing is being able to speak with someone who listens. Carla is very lovely and caring, she's helping me build a future."

"They reached me in my area and don't judge me. They've helped with my withdrawals from drugs and supported me each step and given me honest useful advice, I feel like I can do anything with my life."

Delphi

People praised the fact that treatment was available from day one. It was important to be able to have everything from the first day of their recovery and not wait. One of the services Delphi also offers (which several clients said they really appreciated) is vaccinations and referrals to other clinical services. They said issues like these are often overlooked by substance misuse users and not considered a priority.

"They do everything necessary to help me in my recovery."

"They look at the person and wellbeing not just the addiction or misuse problem. Everyone is friendly and understands me and my needs."

Another area that received praise was the detox houses. While these houses aren't run by Dephi it does however highlight the fluidity and response of Horizon to support people seamlessly. The Detox Houses were highlighted as a vital part of recovery. Those that mentioned the houses said they were hygienic, clean and the staff were very supportive. Several people mentioned their GP and how sometimes they can't be seen on the same day by them. At Delphi they could be seen the same day and also received home visits. People praised the dedication of the staff. Some said that the old service wasn't as good and now with the holistic approach and outreach they had been able to stay off the drugs.

In your opinion, what *isn't* helping from the service you receive?

COAST

One of the main issues **all** the group-based services told us was the mixing of people with different care plans and abstinence targets. Many said that it was very hard to keep abstinent when people in the same groups were often intoxicated or under the influence of substances. Many welcomed the inclusion of other clients but felt that there should be no mixing of people in different stages of recovery.

"When you're trying not to think of drink and you smell it it's really difficult to keep focussed."

"We sometimes have to spare groups and space, and it's hard when people are intoxicated or on drugs and you can smell it."

The second issue that came up was around their GP and their lack of knowledge of services. Before they came to Horizon no one had any idea how to get help themselves. They didn't have any knowledge of Horizon, COAST or other services, and neither did their friends or family. Everyone in the group had gone to their GP for substance related medical issues before they came to COAST and none of their GPs referred them to drug or alcohol services. Many said they would still be using if it wasn't for Horizon's outreach team at the hospital. People felt that their GP hadn't given them the level of care they should have done. Even going back to the GP and explaining what COAST was and how it was helping wasn't considered by one GP.

"[The GP] refused to sign me off to get help, they just told me to stop drinking and didn't look at the wider picture. Thankfully I got a second opinion and was signed off. This meant I could continue with COAST and now I'm back working."

One person we spoke to said that they knew of people who came to COAST and begged for help saying they were really struggling. Because they had gone over their 12 week period they were told to leave and that nothing could be done. Some of those people ended up re-using because they felt had no other option.

Renaissance:

Again this group echoed the feeling that GPs are unaware of the services available, and that having mixed groups wasn't always helping. All the individuals at this group said when they went to their GP they were just told to stop drinking or using drugs. They all said more help could have been offered at the GP level. They also reiterated the need to have separate groups as it is *'not fair'* to those who

"[I like] all the multi-agency working (education, housing, benefits and work). If this stops people won't be able to improve themselves and will re-use."

are struggling to stay clean and going through withdraw symptoms.

The Hub

"I have to carry a bag with me because they give me so much information. I have mental health issues and they always give me information in a style that suits me."

Nearly everyone we spoke to said they wouldn't change a thing about the way they were treated or the staff. However clients did have an issue with the building and its location. Some of The Hub's appointments are in a well-known sexual health clinic*, and they were worried about how it looked to outsiders. Some told us they were diagnosed with anxiety or depression and it was hard to come into a building and deal with the fear they might be seen by someone they knew. Predominantly the females said they struggled to even walk in.

"Getting here can be difficult for me. I don't like going out as I have anxiety issues. Everyone knows this place as a sexual health clinic it's not nice coming here."

**Healthwatch Blackpool would like to state that we saw the young people at a multi-purpose building in Blackpool which has sexual health and counselling services. The hub also provides support for young people in other areas and visits them at home. The Hub tries to see young people in locations that suits them.*

Delphi

Some felt that it was difficult to get the help they needed due to issues they had with the referral process. While no one was specific in their answer many said they felt that help could have been given earlier if their 'warning signs' had been picked up sooner. They felt there had been missed opportunities to receive help. Again like the other services this could be at the GP level. One person said it was difficult for them to travel daily to the location of Delphi's clinic for tests as they suffered from anxiety. One person who filled in a survey was given a key worker who was a different gender than them and said they felt uncomfortable, this was rectified but they weren't consulted first. Delphi does not have keyworkers so this is an observation of Horizon in general not Delphi.

What changes could be made to make a difference to the services you use?

COAST

Many from the COAST group were aware of the possibility of potential cuts due to reports in the local newspapers and rumours heard from outside the service. They were concerned that if they even needed help again it'd be unsuccessful because the things that work about COAST might be first to be cut, such as the activities. The group said this worry about services being there in the future was both an encouragement to get clean but equally a worry as the activities and social groups meant so much and were a key part of recovery. This was the main thing they'd change, they said this pressure wasn't fair on the staff who go out of their way to help them so much and if they were more in the know and there was clear information it'd make the service even better and more transparent.

"We have everything here, job help, counselling, benefit housing support. They don't take over - they support."

The group also said that funds towards promoting the peer group would help as they'd be able to do outreach themselves and give flyers to people who need them possibly reaching those who are in need but unlikely to seek help. They also suggested that they could do their own activities and awareness raising of COAST and other services. Finally it was raised by the group that GPs need to know more about the services available and should be referring and letting people know more. They acknowledged that this maybe wasn't a change to drug and alcohol services but said GPs should learn how important positive mental health and wellbeing is.

"We're not addicts, we're people."

Renaissance

Again the changes suggested were very much in line with the changes suggested by the group at COAST. GP access and awareness of services, and direct referrals were popular suggestions for services. There were several additions however. Some clients were in the detox houses and while they were at the houses receiving support they were told they were some of the last people to go into detox as the services were closing. They said this was an incomprehensible idea to them as many services require people to be off substances before they engage, and that they should keep the detox houses and close non-community rehab services. Many had been to rural rehab and said when they leave and come home they just pick up where they left off because the reasons to drink are still there.

"Where will people go to detox before they can access services?"

Other changes the group suggested was more volunteering opportunities and potentially paid work or job trials. They said this would help them more and it would give them something to do while staying clean.

The Hub

Nearly all of the people who we spoke to suggested a social group would be a good place for them to go and meet people in the same situation as them. Others said that a proper purpose-built building would be a huge help and allow them to feel a little more relaxed. A few said they do not like coming to a sexual health clinic and they would change the appointments to a better place if they could. People also said more awareness and outreach is needed to schools and youth groups, as they would have accessed the services if they had known it was available earlier. One person suggested the website and digital presence needs to be updated as the website was not useful or a good reflection of the services. They said they and their friends often research services online before contacting them and potentially more people could be helped if they had a better website.

"They can't do enough for me I've never had a problem"

'I have anxiety and I'd rather go to a group where people knew and understood me and my situation. We could support and learn from each other.'

One said they were worried about what they would do if they relapsed and fell back into using drugs. They would have liked more information and reassurances that if they did relapse they would be supported to come back and try again. One person also added that if they have had a bad week they spend the session talking about it which is good, but they then worry that they will not have time to prepare for the week ahead, so if they could have the option of a 2nd appointment it would be better.

Delphi

Some people felt that they were pushed into doing group work and would have preferred a choice to have one-to-one work. Delphi doesn't run group work and support individuals one to one. This experience is based on Horizon not Delphi. No one suggested anything to Healthwatch Blackpool that could improve their experience or make a difference to them in regards to Delphi. The individuals who returned the survey were happy with the service they received.

"It's Heaven-sent that they there's so many clinics around, we'd be in a very poor state if there weren't any of these clinics."

2.3 Findings

- The work done by all staff members and services has a huge positive impact on the people who use the services. They were overwhelmingly positive of all the treatment and the attitude and dedication of the staff.
- The closure of community-based detox houses is concerning, when it was felt rural detox houses primarily remove the client from the area temporarily, but did not help address the existing and remaining social issues on their return.
- The mixing of groups to include clients at various stages of recovery of differing substances appears on the one hand to generate good conversation about shared social issues and show good progression of others and what is possible, but on the other to frustrate those who are abstinent and further in their pathway when they can smell people being on substances or being intoxicated around them.
- There appears to be a lack of awareness and/or direct referrals into the services at early intervention stages, such as GPs. This pushes back the preventative support until the situation becomes more critical (i.e. the client is in need of support from the hospital).
- The appointments at the Hub are sometimes inside a known sexual health clinic which concerns some service users who fear they may be judged by others. Some people have suggested a standalone or purpose-built building for this service would be better for them.
- Many clients, friends and family have no awareness of the services that are available before they are referred to them.
- Some of the online presence of the services is not effective enough, and content and presentation could be improved upon.
- Some young people at the hub felt that if they could socialise with people with similar backgrounds it could help them to encourage each other to recover. Regular social groups or activities would be helpful and beneficial to themselves and others.

2.4 Service Provider response

We are pleased with the feedback that our young people gave to Healthwatch and feel it is a fair report. The feedback was positive and staff felt the consultation was well run and they were kept informed throughout. We will be looking into the findings in more detail to look at the possibility of introducing changes in line with these findings. We are starting a recovery group in the immediate future for our young people and will look at continuing this if there is sufficient interest.

Thanks

Jackie Crooks
Advanced Practitioner – The Hub
Children's Services Department

Macmillan and Healthwatch on Tour session report

March 2016

Healthwatch Blackpool

A joint project undertaken by:

MACMILLAN. CANCER SUPPORT
healthwatch Blackpool
healthwatch Lancashire
healthwatch Blackburn with Darwen

Contents

1 Introduction

1.1 Details of event

Details of Event:	
Event Lead	Healthwatch Blackpool
Event Partners	Macmillan Cancer Support, Healthwatch Blackburn and Darwen, Healthwatch Lancashire, Aftathought and Empowerment
Date and Time	10th March 2016
Healthwatch Blackpool contact details	0800 32 32 100

1.2 Acknowledgements

Healthwatch Blackpool would like to thank Macmillan, The Friendship club and Aftathought, Empowerment visitors, volunteers and staff for their contribution to this event.

We'd also like to thank Healthwatch Blackburn and Darwen for their support on the day, and along with Healthwatch Lancashire for development of the project.

1.3 Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all attendees and staff, only an account of what was observed and contributed at the time.

2 What was the purpose of our event & joint working?

Macmillan Cancer Support teamed up with local Healthwatch in order to deliver cancer awareness sessions for hard to reach groups across Lancashire. The events company Aftathought were approached to deliver the sessions in the form of a drama production. Several sessions were planned across Lancashire, with the aim to reach the following groups:

- Asylum Seekers
- The Lesbian, Gay Bisexual and Transgender (LGBT) community
- Young people
- Ethnic minorities
- Adults with learning disabilities

Healthwatch Blackpool facilitated the session which aimed to reach adults with learning disabilities. In order to do this Healthwatch Blackpool worked with Empowerment, a local health and social care charity who provide a weekly Friendship Club for adults with learning disabilities as part of their service. Empowerment worked with Healthwatch to inform the wider learning disability community network of the event.

Macmillan Cancer Support is a national cancer support charity who wanted to work with local Healthwatch to inform and increase awareness of cancer support, and to understand more about the issues that affect hard to reach groups seeking support through the journey and challenges cancer presents.

Healthwatch is the consumer voice and champion for health and social care in England and Wales. Its remit is to gather the views and experiences of local people and share them with the people who design and commission services.

Aftathought is an events company based in Liverpool and provides acting services to groups and organisations wanting to approach research and training in a different manner. They are a team of trained actors with various talents.

Empowerment is a local health and social care charity offering advocacy, learning disability, domestic abuse, and dementia support. Part of their service includes *The Friendship Club*, a weekly club for adults with learning disabilities.

This report details the session organised by Healthwatch Blackpool and what was learned from running a workshop for adults with a learning disability.

2.1. Methodology

How it was organised

Following an initial pilot session in September 2015, Healthwatch Blackpool engaged with Empowerment's Friendship Club as they had an appropriate venue and could reach the wider earning disability community. The Friendship Club were able to facilitate a session, allowing for more visitors to attend and including an optional lunch. Healthwatch Blackburn and Darwen were also able to attend and bring some service users to the event.

We discussed with the Friendship Club organisers how long the session could run for to be most effective, and it was felt that the level of engagement and enthusiasm from the group would depend on the success of the production, but could range between 20-90 minutes. With this in mind we aimed for a session of around 1 hour, including the production and discussion. Depending on the engagement of the production, it could go on for longer on the day.

The topics to be covered

Using Macmillan and Public Health England's Local Cancer Intelligence toolkit, we found that the prevalence of breast cancer in Blackpool was higher than any other type. With this information it was decided that breast cancer and testicular cancer would be the topics discussed in the session to engage both genders of attendees. We consulted with Aftathought on how best to work with the group to deliver a clear message of awareness, how to check themselves and what to do if they felt worried or noticed a change.

Aftathought suggested that a life-size puppet would be a good idea to include, as well as other props and costumes. It was felt that people with learning disabilities would engage well with clear and identifiable images such as nurses and doctors uniforms, and that a fictional lead character would be able to have a customisable background created by the service users. By using suggestions it was felt it would allow the group to empathise with the life-size puppet. This puppet was to be called Joe. Joe was to have a supporting cast consisting of his mother, a best friend and a doctor. Other characters and input would be left to the group to decide. The supporting characters that would work with Joe was to be played by an actress.

Overall engagement

25 service users attended the workshop, including those from Blackburn with Darwen.

There was also a team from Macmillan who brought a table and items such as easy read format information and other helpful aids.

2.2. The Session

At the start of the session the service users introduced themselves and interacted well with Aftathought, using a mix of humour and icebreaking exercises. Together they all made suggestions and built up a detailed background things that Joe the puppet does. The group suggested he went to college and studied mechanics, lived in a flat and had a pet cat. Joe also had a learning disability, although this was not often referred to, emphasising that a learning disability is just a part of someone's identity and not a label for them.

Macmillan and Healthwatch took a back seat during the production, as the play showed events in Joe's life unfold. This allowed the focus to be centred on Joe. The actor controlling and speaking for Joe engaged with the audience, being open and honest telling them how he felt. The service users were very active, responding to questions about what they would do in Joe's situation.

Many in fact knew where they could go if they discovered something on their body or if they were worried. It was clear they were aware of some of the services available, and would feel comfortable speaking to someone about them. It was mentioned a few times by service users that GPs don't listen to people with a learning disability. One person said *"it's a scary thought going to the GP".* One person who spoke to Healthwatch after the session about their personal experience of skin cancer said they were really worried about surviving and '*coming through to the other side*'. They did say that they had a positive experience particularly with Macmillan supporting them, taking into account their learning disability.

What became apparent during the session was the lack of understanding and knowledge around self-checking and what to look for. Macmillan were on hand to provide easy read information. The session focussed on two elements; what Joe should tell his mum, doctor and best friend, as well as how and when to check for lumps.

As part of the production they asked people to join Joe on stage. One of the attendees had a bad experience of cancer and their story about their mother and how she died. They did this while interacting with Joe and this was very moving for everyone. The person was upset that because of their learning difficulty they felt treated like a child and were told to be *'a good child and quiet'*. The person described how they knew something was wrong with their parent but no-one was listening to or involving them. The person's parent was also their carer, and so to see them taken away with no explanation was very distressing. The service user told Joe that he should be brave and get his lump checked.

Following the end of the production, Healthwatch and Macmillan explained about their services, and people were able to speak with them after the event, as well as meeting Joe and chatting to him. Macmillan were commended for bringing down easy read materials about cancer with one person stating *'People always forget about us and easy read'.*

Summary

Overall the event went very well with overwhelmingly positive responses. It was positive to see so many people to share their experience and demonstrate what they had learned. The build-up of Joe's life was extremely engaging and one of the most enjoyable activities for people. Building Joe's backstory to life via the actors had a fantastic response. Many people afterwards told us that they would never be like Joe and they would always ask for help. People also told us they were going to go home to check themselves.

The actors from Aftathought were extremely engaging and the core message of increased awareness, promotion of self-checking and disclosing concerns was met. There could have been more inclusion on the range of organisations that are available to support people. Both Macmillan and Healthwatch were able to explain more about their services to the group after the play. However other related cancer service charities (such as Trinity Hospice and The Swallows Head and Neck cancer charity in Lytham) were not mentioned.

There may have been scope to directly include the organisations in the production. Perhaps a part of the play centred on Joe visiting or contacting Healthwatch or Macmillan and receiving their support/signposting etc. would have worked well in the play. This way the audience would get to see what they do and the role they can play in part of someone's journey through cancer.

2.3 Comments from members of the audience

"It's harder for men to go to the doctors, they keep it all inside"
– about asking for help and support.

"I'm scared going to the GPs sometimes"
– on going to the doctors.

"You just don't know if you're going to come through the other side"
– Cancer survivor with a learning disability.

"Sometimes I don't want to see a doctor
I just want to keep it all inside"
– On asking for help

"I've found that when you have a learning disability
[doctors] just don't listen to you"
– On going to the doctor.

2.4 Findings

1. The style of engagement was extremely successful, and service users left with an increased awareness of how and when to check their bodies, and what to do if they felt worried. More engagement on this level can help develop awareness in learning disability communities.
2. Perceptions of how medical professionals treat people with learning disabilities was often negative. Some people felt as though they were not listened to, or treated like children. Medical professionals need to spend more time listening to the individual about their worries and encourage them to check themselves.
3. Some felt comfortable about approaching medical professionals with concerns, but for others it seemed daunting, especially GPs.
4. Awareness of Macmillan Cancer Support and Healthwatch was increased, however this may have been more successful if the organisations were integrated within the play. The learning disability community require further sources of information and advice on health related issues, and easy-to-access support and guidance.
5. Easy read materials about checking your body should be more available from a wide variety of sources.

2.5 Video

A short video was created after the event demonstrating some elements of the play, and reactions from the service users.

Macmillan and Healthwatch On Tour 2016

The video is available to watch on YouTube at this address:
https://www.youtube.com/watch?v=oYGTnAv2o7g

Report to:	**HEALTHWATCH BLACKPOOL**
Relevant Officer:	Mark Towers, Company Secretary
Date of Meeting	17 May 2016

REGISTERED OFFICE AND S.A.I.L. ADDRESS

1.0 Purpose of the report:

1.1 The registered office for Healthwatch Blackpool is currently the Blackpool Council offices, Municipal Buildings, Blackpool. However, it is considered opportune to redesignate this.

2.0 Recommendation(s):

2.1 To agree to that the Registered office of the company be the Empowerment offices, 333 Bispham Road, Blackpool, FY2 0HH.

2.2 To agree that the Single Alternative Independent Location (SAIL) be Bickerstaffe House, Blackpool, FY1 1AH.

3.0 Reason for Recommendations

3.1 To have more appropriate locations for both registrations.

4.0 Formation of Healthwatch Blackpool

4.1 A registered office is mandatory. It is the official address of the Company where statutory mail and legal notices are delivered. All statutory records must be kept at the registered office unless a SAIL address is used. A single alternative inspection location (SAIL), is an address other than the Registered office where a Company's statutory records can be stored and inspected. The Council on the formation of Healthwatch in 2012, registered the Municipal Buildings as the registered office.

4.2 The Company Secretary role is still provided by the Council, but this does not mean the registered office needs to be where the Company Secretary resides. A SAIL address is a useful alternative and this is recommended for the statutory records which the Company Secretary is responsible for. The Company Secretary can still receive a copy of notifications of relevant deadlines and notices through the on-line filing process for Companies House.

List of Appendices:

None.

5.0 Financial and Legal considerations:

5.1 The Companies Act 2006 defines the terms of Registered Office and Single Alternative Independent Location (SAIL).

6.0 Other considerations:
(Performance, Risk, Human Resource and Equalities)

6.1 The Registered office address will more closely resonate with the contract provider for Healthwatch and the SAIL address will mean that the statutory records are with the Company Secretary.

7.0 Consultation with Volunteers (if appropriate)

7.1 No consultation was appropriate with this recommendation.